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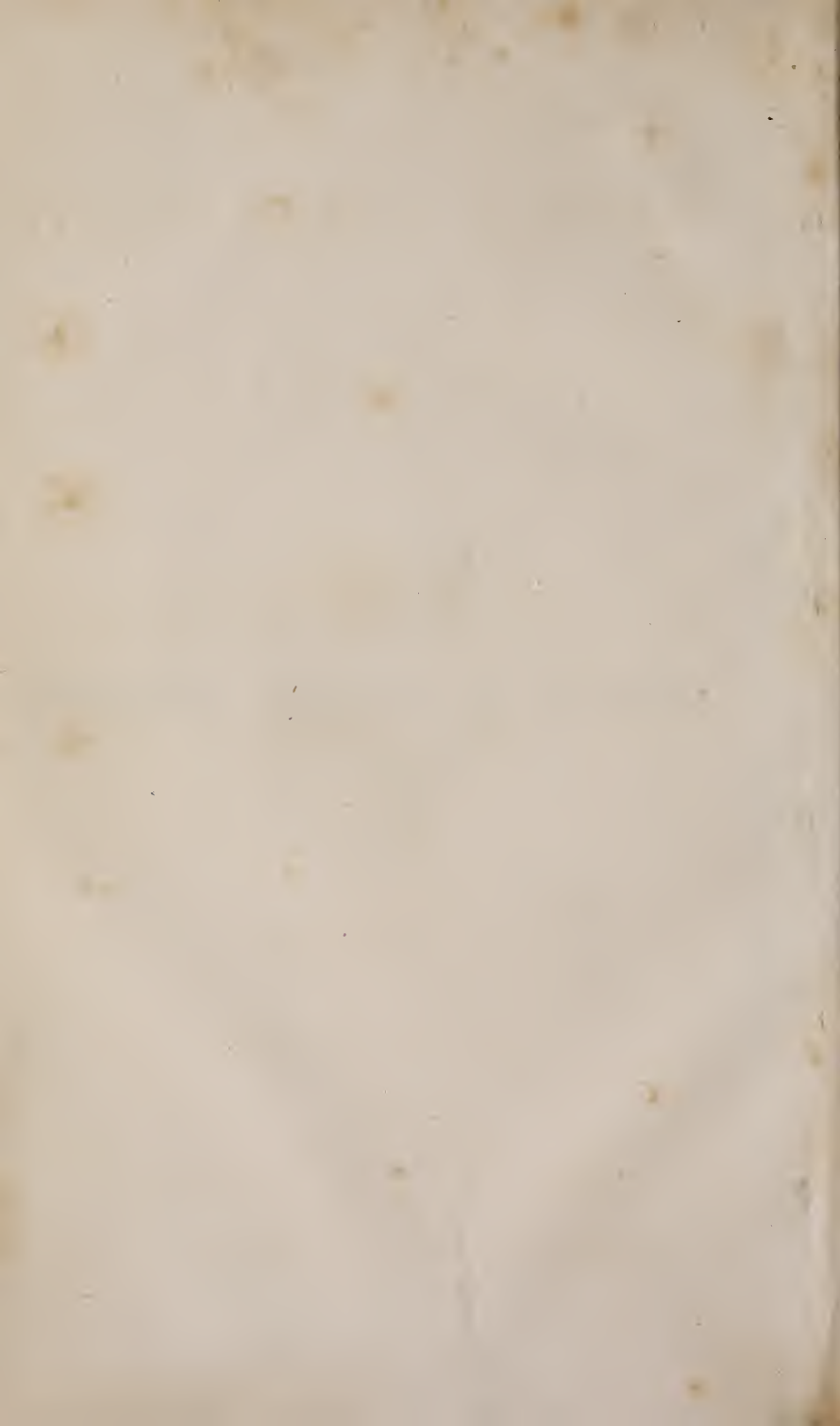








THE OHIO  
MEDICAL & SURGICAL JOURNAL.



THE OHIO  
MEDICAL AND SURGICAL  
JOURNAL.

EDITED BY  
JOHN BUTTERFIELD, M. D.  
Professor of Theory and Practice of Medicine in the Starling Medical College.



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TO THE HONORABLE SECRETARY OF THE  
NAVY

WASHINGTON

DEAR SIR

I have the honor to acknowledge the receipt of your letter of the 19th inst. in relation to the matter of the

appointment of

Very respectfully,  
Your obedient servant,  
J. B. Thompson



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Society; of the Academy of Natural Sciences of Philadelphia, &c., &c. Philadelphia, 2 vols. quarto, 100 plates. Robert P. Smith.

Medical Botany, or descriptions of the more important Plants used in Medicine, with their history, properties, and mode of administration. By R. EGLESFELD GRIFFITH, M. D., Member of the Philosophical Society, &c., &c.; with upwards of 300 illustrations. pp 704. Philadelphia. Lea and Blanchard, - - - - - 96

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# THE OHIO MEDICAL & SURGICAL JOURNAL.

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VOL. I. COLUMBUS, SEPTEMBER 1, 1848. No. I.

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## PART FIRST.

### ORIGINAL COMMUNICATIONS.

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ART. I.—*Lithotomy in the Female.* By R. L. HOWARD, M. D.,  
*Professor of Surgery in the Starling Medical College.*

THE testimony of most writers of the present day upon the subject of Urinary Calculus, agrees that the operation of lithotomy is required less frequently in the female than the male. Not that the former is less subject to calculous deposit than the latter; on the contrary there are probably good reasons to believe that the female, in consequence of greater delicacy of constitution and more frequent derangements of the general health, is even *more* subject to the formation of calculi than the male—but from the size, direction, length, and dilatibility of the urethra, the female is very seldom under the necessity of resorting to an operation for the removal of stone in the bladder. The spontaneous discharge of sand and gravelly concretions in the urine of females who are suffering from disordered digestion, and irritation of the mucous membrane of the kidneys and bladder, is no uncommon occurrence in the practice of every physician of considerable experience. It is remarkable with what facility calculi of considerable size will pass, without the aid of art. Bartholin relates a case where a woman discharged a stone measuring two inches in diameter. Borelli observed one “as large as the finger.” Middleton relates that a woman during a paroxysm of violent coughing expelled one which weighed four ounces. Heister has collected examples of the same kind where stones the size of nuts and even that of a pullet’s egg have been ejected through this passage. F. Collet mentions one of the size of a goose egg which caused ischuria for eight days before it was expelled. Many more cases are on record which are equally remarkable with the above.

That the spontaneous expulsion of such large calculi is occasionally possible we have no right to deny, and yet that they should pass the urethra without producing extensive ulceration\* and incurable injury of the neck of the bladder is not at all probable, and the surgeon who would palliate with anodynes, alkalies and lithontriptic remedies in the hope that the stone would finally be expelled by the natural canal, would be guilty of a palpable neglect of duty.

As stone in the female bladder, however rare, occasionally occurs, and perhaps more commonly in the great valley of the Mississippi than any other section of the Union, a case at any time may fall into the hands of any physician, and on detection, the important question arises, what *shall be done*? On turning to our surgical works, we find that every author treats largely and learnedly on the subject of stone in the bladder. Indeed it may be said that more ingenuity, anatomical knowledge and skill have been displayed on this than any other subject in the vast domain of surgery. Almost the entire attention of authors however, has been bestowed upon the consideration of stone in the male, and the most approved methods for its removal, while in the closing up of the treatise the same affection in the female receives but a passing notice by way of a paragraph or two, giving the "process of the author" for cutting upon the stone. This indifferent and brief manner of disposing of this subject would be excusable and proper enough were it a fact that there was no disagreement about the plan of procedure, but as it happens this is not the case. It is a *grave disease*,—Sir Astley Cooper says, that "women suffer more from stone in the bladder than men, and that in addition to the symptoms observed in the male, as the irritability of the bladder increases, the pain during micturition is excessive, and there is agonizing suffering after the discharge of the urine, from bearing down of the bladder, *uterus* and *rectum*, with a sensation of their being forced through the lower opening of the pelvis. The retention of urine becomes imperfect, and the person is always wet and smells offensively of urine. The sufferings of the patient at length render her incapable of moving from her bed."

As to the method of operating the greatest possible diversity prevails; each plan being extolled by its author, and at the same time too justly deplored by others from the usual unfor-

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\*Brodie relates a case where "a large calculus was found in the vagina, which was extracted with the fingers; the urethra and vagina having ulcerated, the calculus passed through the ulcerated opening."

tunate result which follows, viz: *incontinence of urine* or *vesico vaginal fistula*.

To show the diversity of methods in operations for stone in the female, I will here notice most of them and then compare briefly the advantages and disadvantages of each. First, we have a general division of the operations into those above and those below the pubic arch. In those below, we have 1st, The lateral operation, which consists in cutting through the urethra downwards and outwards as in the male. 2d, Incision of the urethra downwards into the vagina. 3d, The bilateral section. 4th, The vertical incision towards the symphysis pubis. 5th, Incision of the urethra with dilatation. 6th. The vestibular cut of Celsus and Lisfranc. 7th, The vesico-vaginal operation. 8th, Incision of the posterior portion of the urethra. 9th, Dilatation. 10th, Lithotripsy. Above the pubis we have the slight variations of what is termed the high or super-pubic operation.

The above processes have all been practiced and advocated by the ablest surgeons of ancient and modern times. Some of them from frequent failure have been abandoned. The most approved are too commonly unsuccessful.

It is not necessary, neither is it compatible with the design of this article, to describe each of the operations adverted to. The *terms* used to designate most of them, sufficiently indicate their nature; besides they can be readily examined in surgical works. My object is not to suggest a new operation, for, as the female bladder has been cut for stone at every accessible point, no decidedly new operation can be made. My design is to show that some of the processes which are frequently adopted, should be, as a general rule, abandoned; while others with some slight variations will generally prove successful.

Respecting the high or super-pubic operation, I have no experience, but from the testimony of others it must be conceded to be one of great difficulty to the surgeon and danger to the life of the patient. In the natural condition of the parts, the fundus of the bladder above the pubis, particularly in the female, is quite accessible, and may be opened with very little difficulty or danger—but when it is thickened and contracted into a small compass down behind the pubic arch, the condition of things is greatly changed. The dangers which beset this operation, are wounding or rupturing the peritoneum which lies in contact with the symphysis pubis, expulsion of the intestines, retreating of the bladder as soon as it is cut, peritonitis, inflammation of the cellular mem-



brane, abscess, gangrene and constitutional irritation from unavoidable infiltration of urine. This operation then, can seldom be resorted to, except under peculiar circumstances.

The vestibular operation of Celsus and Lisfranc, which consists in making a crescentic incision between the urethra and the pubic arch, and entering the bladder above its internal meatus, is seldom resorted to for two reasons: First, the opening is necessarily so small that a stone of considerable size cannot be extracted through it. Second, such is the extent and loose character of the cellular membrane in this region, that there is great danger from urinous infiltration.

The vesico-vaginal operation, first resorted to by Rousset and repeated by Hilden, Ruysch, Tolet, Gooch and several others, has many advantages in its favor. The vesico-vaginal wall being dense it may be divided without fear of hemorrhage or danger to the patient, and will admit the passage of stones of the largest size. There is but one objection to this operation, and that is sufficient to consign it to entire disuse, where others to be noticed hereafter are at all practicable. Experience to a considerable extent, and the very nature of things, teaches us that vesico-vaginal fistula most generally and almost necessarily follows. In cases of large stone, it may be wiser to entail upon the patient the wretched results of fistula than to encounter the formidable dangers of the high operation.

A modification of the last process as recommended and practiced first by M. Flaubert, but claimed as original by a Dr. Baker of the State of New York, in the *Phila. Med. Examiner*, July 1845, consists in entering the bistoury upon the staff about half an inch behind the meatus and dividing the neck of the bladder and posterior portion of the urethra. I was led to resort to this operation once, from the plausibility of their reasonings on the subject. On the 15th of March 1848, Miss S., aged 21 years, consulted me for stone in the bladder from which she supposed she had suffered from childhood. I advised an operation, and resorted to the above process, and removed a phosphatic calculus with but little difficulty, weighing 2 oz. Notwithstanding the vagina was small and the catheter constantly employed, and every precaution attended to favoring closure of the wound, I regret to say, a fistulous opening as large as the finger remains. Since her recovery from the operation her health is greatly improved, and yet such is her inconvenience and wretchedness from the constant dribbling away of the urine, that on the whole her condition is not materially improved.

I will notice now the several operations which consist in



incisions commencing within the urethra. First, we have the lateral operation. In this the bistoury is passed along the groove of the staff and carried downward and outward along the left ramus of the pubis between it and the vagina, dividing the urethra through its entire length together with the neck of the bladder. This is the process of Sir Astley Cooper, whose name is sufficient to sanction any operation, but whose experience is such as to lead the whole profession to abandon it forever, and the world to be astonished that such a surgeon should adhere to an operation invariably followed by incontinence. His own language is as follows: "In all cases of this operation which I have performed or witnessed, the urine has not been afterwards retained, but I would not deny that a patient might recover the retentive power. As the loss of retention is a greater evil than I can describe, producing excoriation and a very offensive state; I shall in any future operation of lithotomy, try what may be effected by employing a suture to bring the divided parts together."

The division of the urethra downwards into the vagina by the bistoury or scissors, although favored by Chelius and Falconet, I believe with Bromfield, is not likely to be followed by better results than that of Cooper.

Other incisions of the urethra vary principally in their direction and do not differ materially in their comparative advantages. First, we have the vertical cut upwards, formerly advised by Collet, and followed by Dubois, Richerand, Dupuytren, Brodie and others; and second, the horizontal cut either on one or both sides, as practised by Liston, &c.

Except in cases of very large stone, I am convinced that the two last methods are decidedly preferable in every instance. Incision alone, of course is not sufficient to enable the surgeon to introduce the forceps and remove a stone of considerable size, but dilatation, combined with incision, which shall divide the mucous membrane and its fibrous envelope, will allow calculi to pass of astonishing magnitude. It has been supposed by many, that either immediate or gradual dilatation alone by Weis's screw dilator, or a sponge tent, will so enlarge the natural passage that ordinary calculi will readily be made to pass; and, such is the dilatability of the female urethra, that success may crown our efforts with these means in case the stone is small, but there are two objections to this method in those of larger size. First, with few exceptions, the urethra and bladder in such cases are extremely irritable, creating great intolerance to the presence of any foreign body, even to the catheter or sound introduced merely

for cautious examination. Second, experience proves that excessive distention of the sphincter vesicæ is quite as likely to produce incontinence of urine as a division of its fibres.

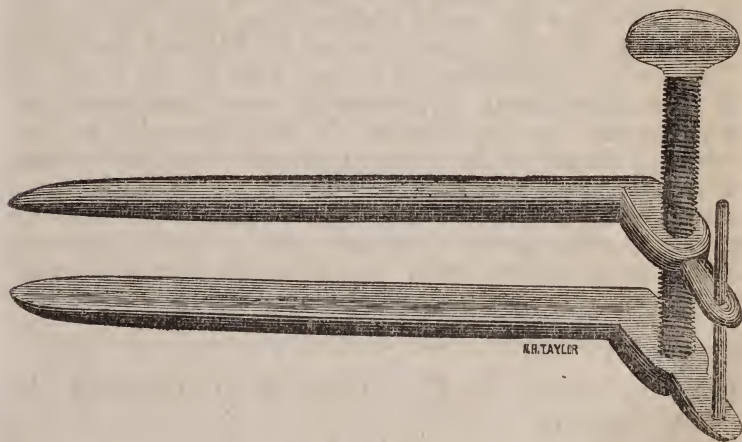
To illustrate the plan which I have adopted and wish to commend to the consideration of the profession as best calculated to insure success, I will here relate one case which has been already reported to the Ohio Medical Convention and in the New York Journal of Medicine and Surgery:

“CASE 3. *Urinary Calculus in the Female*.—On the 18th of January, 1845, I was requested to visit a lady who was said to be afflicted with *gravel*. I did so; and on introducing the sound, I immediately detected a large stone in the bladder. For about five years, she had been suffering from all that train of distressing symptoms which characterizes this affection.—For the last few months they were particularly aggravated. Her form had become emaciated, her skin sallow and dry, digestive organs greatly disordered, appetite variable, pulse 100 to 110, small and irritable, and she had an almost constant desire to void urine. \* \* \* \* \*

“In the case before me, I endeavored to dilate the urethra by sponge tents and bougies, but its irritability was so great that I was obliged to abandon my attempt—each effort being accompanied with excruciating pain. Feeling quite unwilling to make an incision sufficiently extensive to allow of the passage of so large a stone, I was exceedingly anxious to adopt some means whereby I could combine dilatation and incision in the most advantageous manner. For this purpose I contrived a *urethral dilator*, carved from wood, placed it in the hands of J. Fenton, of Columbus, an instrument maker of very considerable skill, who executed my design in steel in such a manner as to answer my purpose perfectly. The instrument, a cut of which is seen below, consists of two arms of about three-and-a-half inches in length, each semi-cylindrical, and gradually tapering from the shoulder to the point. These arms are so exactly similar, that when their flat surfaces are closely approximated, they form a cylindrical instrument, the size of the largest sound. At the larger extremity is attached a shoulder, which is turned to one side at an angle of 45 deg., and in which is fixed a long thumb-screw, and a sliding pin, so arranged that the arms can be separated or approximated at pleasure, by turning the screw.

“Everything being in readiness, with the assistance of my friends Drs. Awl and Smith, I proceeded to the operation.—The patient being placed as in the lateral operation for the

male, without any difficulty, I introduced the dilator, and readily separated the arms of the instrument by means of the thumb-screw, so that in fifteen minutes I was enabled, with very little pain to the patient, to place my finger upon the stone, while the instrument still remained in the urethra. As it was not safe to depend upon dilatation farther, I introduced the probe-pointed, narrow, straight bistoury and divided the urethra upward and outward, after Liston's plan. This division increased the facility of dilatation to almost any extent. I could now feel the stone in every direction. I immediately introduced a medium-sized forceps, but found the stone too large to escape with impunity to my patient. I again introduced the dilator, distended the parts, and then made another incision outward and upward on the opposite side. This enabled me to command the stone, and to remove it without much force.



URETHRAL DILATOR.

“The patient's sufferings during the operation were very acute, and the shock upon the nervous system was severe.—The bladder was cleansed from blood, a catheter introduced, the bandages were removed from the hands and feet, and she was laid in bed. To revive the patient, and alleviate pain in the pelvic region, morphine, ammonia, and wine were administered, hot bricks to the extremities and hips, and warm fomentations applied to the pubis and hypogastrium. In three or four hours reaction came on and continued through the night, but abated next day. It is unnecessary to detail the daily symptoms and treatment. Suffice it to say, that the



urine flowed freely, and all the secretions were soon established. In a week or so she was enabled to retain her urine from two to four hours, and was perfectly relieved from all those harassing symptoms which resulted from the presence of stone. Fifteen months have now elapsed since this operation, and she informs me that her retentive power is as perfect as she could expect or desire.

"The stone removed in this case is of an ovate figure, very regular in its outline, of a dark brown color, and consists of lithic acid. Its surface was covered with cuboidal crystals, exceedingly acute at their projecting angles. It is  $2\frac{1}{2}$  inches in length,  $2\frac{1}{4}$  inches in width, and  $\frac{3}{4}$  of an inch in thickness, weighing  $3\frac{1}{2}$  ounces."

In conclusion, I wish to remark, that the operation performed by the lateral, bi-lateral or vertical incision through the mucous membrane, its fibrous envelope and sphincter, possesses many advantages over any others, except perhaps, where the stone weighs more than four or five ounces. In the first place it cannot be followed by fistula. More or less incontinence it is true, may be the result, but *this*, though extremely unpleasant, is more manageable and more curable than the former. It may generally be prevented by the use of the catheter, until the incisions are united or overspread with fibrin, and then by a kind of tampon or compress introduced into the vagina immediately after the operation, such upward pressure may be made upon the urethra as to aid very much its contraction during the healing process.

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ART. II.—*Measles*. By F. C. GIBBS, M. D., *Willoughby, O.*, dated August 12.

THE following is an extract from a letter received from our old friend F. C. GIBBS, M. D., of Willoughby, Lake Co. We wish we could receive such letters from all parts of the State. The prevailing diseases, as influenced by season, locality, contagion or other circumstances, are, after all, the most deeply interesting. Rare and anomalous cases occur only occasionally; and, although the physician may exhibit much skill and many resources in their treatment, yet their relation is of less practical value to the young physician especially, than the account of the more common diseases which he meets with in his daily practice. We hope by the assistance

of our friends, to be able from time to time, to give an accurate exhibit of the sanitary condition of our whole State.—We trust that Dr. GIBBS will frequently remember us :

“THE MEASLES have for the last six months, prevailed pretty extensively in Willoughby and its vicinity. It has been the first professional rencontre I have had with the disease, in a practice of about eight years. It has been mild in its character when *children* have been its subjects, and though in adults its violence has been somewhat aggravated, yet, under judicious management no fatal cases have occurred. I have instituted the *mildest* treatment. In the early stages, gentle laxatives, as *Seidlitz powders* and a mixture of *Ipecac and Soda* (say 2 grs. of the former to 10 of the latter) repeated more or less frequently, according to the cough and febrile reaction, and mild anodynes, (among which *Hyoscyamus* and *Camphor* combined, stand pre-eminent,) have proved sufficient. In about, *three fourths* of the cases a diarrhœa came on about the third day of the eruption. When it did not, the fever invariably became augmented, colic was complained of, and the secretions were obviously diminished. In these cases a few grains of Blue Mass followed by Castor Oil, generally restored a more healthy action. On the other hand, the diarrhœa occasionally continued, and symptoms of dysentery supervened. When this was the case, I gave Balsam Copaiva and Tincture of Opium combined, or, if much debility was present, I found Nitrate of Silver to correct the discharge and restore the tone of the system.

But I must not fail to say something about the domestic management of Measles. Here I find “everywhere reason for laughing and reason for weeping.” There were scores of people all over the country, who knew every thing about the treatment of the disease, and indeed, it had made some inroads into my territory before I was aware of its approach. I found every diversity of opinion and every variety of medicine made use of, from the “*Nanny Berry tea*” down to the “*Whiskey Punch*.” No sooner were the first symptoms of the disease manifest, than, in hot haste, all their appliances were put in requisition, to “*drive out the measles*,” as they would say. They complained most sadly of the intractable and provoking obstinacy of the eruption which generally resisted every effort which their experience and their philosophy could invent for three or four days!! The result of this miserable folly has been just what you would anticipate—obstinate chronic diseases and local inflammations.

A melancholy case of this kind came under my observation a few days since, which I will briefly relate. I was desired on Friday morning to see a young man 21 years of age, of good constitution, and who had, till the last four months (i. e. till March, at which time he had the Measles) invariably enjoyed excellent health. Being a stranger to the people, I at first learned from the young man, that he had been sick a week with pain in the abdomen; but he had during the time been to Cleveland, and indeed had not taken his bed till that morning. He had pain in the right iliac region with tenderness on pressure, and I could distinctly feel a hardness at that point. No heat of skin—no distension of the abdomen—pulse 80, but neither unusually hard, slow or sharp, weak or irregular, nor indeed, save a somewhat haggard countenance, were there any general indications of disease. Took 16 oz. of blood, which produced syncope; appearance slightly buffed; administered 15 grs. of Calomel and directed Salts after it; also local applications. Saturday morning—great pain and tenderness over the whole abdomen—heat of skin—pulse 110, hard. Position on the back with knees flexed—the least motion aggravated the pain—slight distension of abdomen—thoracic respiration—in short all the symptoms of violent peritonitis. Twenty ozs. of blood were taken—2 grs. Calomel with James powder, every two hours—injections containing Spts. Turpentine, &c.; were used, but of no avail. He died Sunday morning.

*Post mortem* appearances. All the abdominal viscera were dark and vascular, but especially the small intestines. Imperfectly formed bands were numerous, and about a pint of serous and albuminous matter, solid and liquid, was found in the cavity. The colon for 8 inches along its course, from the cæcum upwards, was closely adhered to the peritoneum, and on separating it a cavity was exposed of the size of a dove's egg, filled with pus. The walls of the intestine itself, were, for the space above named, thickened to the extent of 6 lines, and its calibre thereby much diminished. The mucous coat, though thickened and dark in appearance, was not the seat of particular lesions.

Now, it is at once clear that there were here lesions of longer standing than the history of the case would indicate. This may be said of the abscess in an especial manner. On further inquiry, I found he had had Measles 90 days before, and had been treated after the manner I have mentioned, and that he had not been as well since that time, and had complained of more or less pain in the bowels during the whole time, though about and calling himself well. This, with other



circumstances, rendered it to my mind clear as a moral axiom, that this man's fate was sealed by the erroneous treatment during the Measles, as that of hundreds is, all for the want of correct public opinion as to the disease and its cure.

Now, Doctor, how shall this be remedied? Measles, regarded in this light, often prove fatal. The only way I know of, is, for Physicians on the first approach of the disease, to go into every neighborhood (whether called or not) and give some general plan of treatment and insist on its being pursued.

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ART. III.—*Inflammation and Sloughing of the Rectum.* By  
JESSE P. JUDKINS, M. D. of Cincinnati, Professor of Anatomy  
in the Starling Medical College.

IN giving a brief and interrupted history of the following case, I am well aware that I may be justly charged with having materially lessened its value; but as the duration of the disease embraced more than sixty days, during which time it presented symptoms mostly of an acute character—a faithful record daily made would have rendered our paper prolix and tedious.

The case certainly presents some points of interest to the profession. A loss of almost the entire rectum, and especially when produced by ulceration, without speedily destroying the patient, was looked upon in this quarter at least, in the light of an impossibility. In this instance, the patient survived for more than six weeks the loss of the rectum, whilst contiguous organs were comparatively healthy, and the functions of the cerebral ganglia were but little disturbed.

So important are the relations of the rectum, and the peculiar nature of its functions and sympathies, that even the Surgeon in his operations, approaches it with fear and distrust. The operations of *Lisfranc* and others, for removing large portions of the Rectum in cases of Scirrhus or open Cancer, have but few, if any, advocates at the present day. Surgeons are now content to adopt a palliative course of treatment, unless the disease involves only the inferior portion of the intestine, and is easily reached by the knife.

Mr. H., aged about 45, of spare habit, and nervous temperament, called upon me on the 5th of Dec., 1846, complaining of irritation about the neck of the bladder. His urine was high colored. Prescribed farinaceous diet—abstinence from the use of ardent spirits, and to take freely of a mixture of Soda, Mucilage and Syrup of Morphia.



In the course of a week from this time, I met him on the street, when he expressed himself as being entirely relieved of the difficulty, and feeling well. *Dec. 18.* I was called in great haste, about 7 o'clock this morning, and found my patient in bed and suffering grievously. He has epididymitis of the right side, and a severe throbbing pain in the interior of the pelvis. A small hæmorrhoidal tumor has recently made its appearance.

Upon enquiry, I ascertained that he had complained of the pain within the pelvis the night previous, immediately after jumping from an elevation of several feet to the ground. I also learned that he has for several days past, indulged very freely in the luxuries of the table, and that he had been subjected to other causes eminently calculated to produce plethora of the pelvic viscera.

Ordered leeches to be applied to the testicle, perineum and and to the verge of the anus, to be followed by fomentations and a mercurial cathartic, with Ipecac.

6 *P. M.* Pain not quite so severe, but he still suffers much—has complete retention of urine. On using the catheter, I find that it is caused by spasmodic stricture of the urethra, which was overcome without much difficulty. His bowels having been operated on by the cathartic, continue the fomentations and give an anodyne.

*Dec. 19.* Is a little more composed, but has passed a bad night—suffered from pain of a spasmodic character, whilst voiding fæces. The pain in the testicle and perineum is less severe, but it still continues with a strong throbbing sensation “high up in his bowels.” Pulse 100—full. Abstracted blood from the arm—ordered mucilaginous enemata and the hip bath—took a pill of Calomel and Ipecac, every three hours alternately, with a solution of Tart. Ant. and Morphia.

6 *P. M.* Is more easy—evidently the effects of Morphia—has been in a state of sub-nausea throughout the day—scrotum and perineum less sensitive, but he says that “the thumping pain high up in the gut is as bad as ever.” His bowels have not been acted on since morning, and but slightly then. He thinks that he would feel better if he could have a stool.—Ordered an oleaginous enema—the other treatment to be continued.

*Dec. 20.* I was sent for early this morning and found my patient in great agony—he declares that “the pain will kill him”—that his bowel was “broke” by the nurse about one hour since, who, whilst attempting to give him an injection had run the pipe of the syringe through the side of the gut! He says that the nurse was intoxicated. The nurse protests

against the charge, but it is evident that he has been drinking—the pain is greatly aggravated and spasmodic,—parts about the anus so sensitive as to prevent an examination.—*Dr. Dodge* was called in, and at the request of the patient and his friends, it was agreed between us, that we should meet together every morning, and then visit him alternately throughout the day and a portion of the night. This arrangement was regularly adhered to, during the remainder of his illness, each one making a record at the time of his visit.

But little change has been made in the plan of treatment. Anodynes more freely used. He is still unable to void his urine. I will state here, that from this time forth, the catheter was used to draw his urine, until a few days previous to his death, when it passed several times, on making mechanical pressure through the walls of the abdomen.

*Jan. 1.* During the past week the general plan of treatment has been nearly of the same character as last recorded. He has suffered at times very severely, but has longer periods of comparative ease. The throbbing pain in the pelvis still continues, but with less violence. He has several times passed small quantities of blood by the anus. His stools are mixed with a sanious fluid. No signs of an abscess are discernable about the perineum. He refuses to submit to the use of the speculum.

*Jan. 12.* A violent form of Erysipelas, commencing on the right of the nose, has passed rapidly upwards. The exciting cause of this inflammation is presumed to be the contact of the vitiated matter from the pelvis. It was arrested with some difficulty, by the local application of Nitrate of Silver, whilst Carb. Ammo. and Opium, were freely used, internally.

Small fragments of a dark color and fleshy consistence have been passed at stool. The discharge is quite offensive. Chlorine washes, etc., have been used for some time past, and tonics have been freely given. No satisfaction derived from the use of the speculum. The finger detects a ragged fissure upon the wall of the rectum. Continue the general and local treatment.

*Jan 20.* A dark offensive mass of a fleshy feel is protruding from the anus, about three inches in length, having a ragged extremity. It is adherent to the internal part of the sphincter. This was removed by the knife. On examination, I find that about half an inch of its middle portion is completely cylindrical, rather smooth upon its inner surface and spongy upon its exterior. It resembles discolored and thickened mucous membrane. His alvine secretions are removed from the cav-

ity by the aid of a large syringe. Ordered injections of a strong solution of Quinine. Continue the tonic course and give stimulants occasionally.

He is afflicted with follicular inflammation of the mouth, fauces and œsophagus. In swallowing, he complains of a burning sensation throughout the whole extent of the last named organ.

*Jan. 22, Dr. N. T. Marshall* was called in and recommended an increased energy in the use of stimulants. He is taking 3ss of Quinine daily. On passing the finger, no sign of the wall of the rectum can be distinguished and on pressing in the region of the sciatic plexus, he complains much, the pain passing down his legs.

*Feb. 4.* His friends were informed that his death was inevitable, and that advantage should be taken of the present condition of his mind to settle his worldly affairs. They expressed a desire to have farther counsel in the case. Accordingly *Prof. Mussey* was called in. He appeared somewhat doubtful as to the truth of the statement, that a large portion of the rectum had sloughed. Dr. M. gave us the aid of his skill and experience, daily, until a few days previous to the death of our patient. He concurred with us in the treatment pursued, but recommended yeast injections and other washes to correct the offensive discharges.

The same general treatment was pursued—tonics, stimulants, liberal diet and anodynes.

It was astonishing with what tenacity life held on. His intellect remained clear, and at times was even vigorous.—He transacted a large amount of business.

From this time he gradually sank. He complained more frequently of a pungent pain about the hips and lower extremities, and at times of a feeling of numbness. His mind continued clear, except when excited by stimulants, until the day preceding his death, which occurred on the 1st of March. Permission was obtained to examine the Pelvis.

*Sectio Cadav.*—Present—*Drs. Dodge, Marshall, Langdon and others.*

*External Appearances.* The body was very much emaciated—Gangrene, from pressure over the spinous processes of the sacrum had taken place and there was œdema of the feet and legs. The epididymis of the right side was enlarged and indurated.

*Internal Appearances—Abdomen.* All of the organs contained in this cavity appeared to be in a state of atrophy. The peritoneum had a blanched appearance. No adhesions were seen above the cavity of the pelvis. The sigmoid flexure



of the colon was nearly obliterated by being drawn downwards.

The *Pelvic cavity* was partially obscured by the peritoneum which passed from the left iliac vein obliquely down and across to the right side of the pelvis, giving the appearance of the cavity being partially filled up. This layer of peritoneum has the usual healthy appearance upon its abdominal surface. On cutting through it a dark gangrenous cavity was seen, extending down the sphincter ani muscle. This cavity was bounded in front, by the posterior and inferior face of the bladder—on the left by the whole left side of the pelvic cavity—on the right it extended up as high as the middle of the obturator foramen. The roof was formed by the above named layer of peritoneum, which apparently had contracted and drawn itself from the floor of the pelvis—on the left side as high as the linea iliopectinea—in the centre, to the inferior edge of the first bone of the sacrum—on the right as high as the point corresponding to the middle of the obturator foramen, and in front to the superior extremities of the vesiculæ seminales, the left one of which was completely enclosed in the cavity.

As I have stated, this layer of peritoneum was healthy upon its abdominal surface, perfectly smooth and continuous. The surface looking towards the cavity was spongy and of a black gangrenous color, and the whole membrane was much thickened. This black cavity was very irregular. Sinuses passed under ragged fibres, and a number of culs-de-sac were seen in the region of the ischiatic foramina, and in the course of the urethra; but none of the fluid contents had passed to the external parts. Every thing which had been contained within this cavity, with the exception of the obturator vessels and nerves and the sciatic plexus, was destroyed.

The left iliac vein, (which was nearly filled by coagula) the obturator vessels and nerves, and the sciatic plexus of nerves, were enveloped by a thick layer of plastic exudation, the surface of which presented the same gangrenous appearance as the walls of the cavity. On cutting through this layer, the nerves and coats of the vessels seemed healthy.

The triangular depression between the vasa deferentia and vesiculæ seminales was entirely filled with the same plastic substance but more spongy in texture. The prostate gland was enlarged and degenerated. The bladder was much thickened in its posterior wall—its mucous membrane was very vascular. The rectum was entirely destroyed from the lower edge of the first bone of the sacrum down to the sphincter ani muscle. Nothing was left of its structure, un-

less it was a small band about one third of an inch in thickness, which extended up from the sphincter some three inches, and was bound down in the concavity of the sacrum. Judging from the obliteration of the sigmoid flexure of the colon, we were induced to believe that all of the intestine which had corresponded to the rectum had been destroyed.

I have stated that, with the exception of the obturator vessels and nerves, and the sciatic plexus, every thing within this diseased cavity was destroyed; none of the filaments of the hypogastric plexus could be distinguished; the vas deferens of the left side could be traced, apparently, perfectly healthy, from the internal abdominal ring, down to the walls of the cavity, but immediately on passing through this, it terminated in a black truncated and loose extremity, and no vestige of it could be discovered from this point to its natural termination.

Was this case *ab origina*, one of simple inflammation of the rectum, involving the surrounding cellular tissue and terminating in mortification? Or was it a case of scirrhus? We could obtain no evidence of the latter from the history of the patient. He had suffered two years since from internal hæmorrhoids, but did not experience much inconvenience at the time.

Could any plan of treatment have been adopted to save the patient? In perfect ignorance of the true nature of the lesions within the cavity of the pelvis, our treatment was, from necessity, somewhat of an expectant character. That violent inflammation and suppuration existed and was progressive, we had no doubt, and yet it appeared strange that no sign should present itself about the perineum or anus to indicate the presence of pus.

Even in the absence of such signs, if we had felt certain that pus was collected high up in the pelvis, a deep puncture easily and carefully made through the integuments and along the course of the bowel, might have been followed by success.

The mystery of the case, was in some degree cleared up by the appearance of a portion of the sloughed rectum, which was removed, January 20. It was plainly seen, by this, that the suppuration had commenced at a point high in the intestine, and that the pus could not have reached the ischio-rectal excavation, until the levator ani and the fasciæ at the floor of the pelvis, had given way. It was also apparent that the coats of the rectum were first destroyed by ulceration at its superior part, where it was completely severed from the colon. The destruction of the surrounding cellular tissue relieved the rectum from its connections—the superior



end then falling down, emerged from the anus—the lower end being still adherent, which it will be recollected, was detached by the knife.

We labored under every disadvantage in the treatment of this case. The great depth at which the disease was primarily seated rendered it difficult to apply our remedies, whilst the feculent matter and vitiated secretions from the *Primæ Viæ*, now a constant source of irritation and calculated to defeat the best directed curative efforts.

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ART. IV.—*Strangulated Hernia, Mortification, Sloughing of the Intestine, Artificial Anus, Recovery.* By RICHARD P. CATLEY, M. D., Delaware, Ohio.

ON Friday morning, January 21, 1848, I was called on by Mr. Simpson Hill; and requested to visit his mother, wife of Mr. Caleb Hill, residing in Thompson township, Delaware county. In answer to my inquiries respecting his mother's sickness, Mr. Hill informed me "that she had been ill about ten days, that his sisters had told him there was a hole in her side caused by the bursting of a gathering of some kind, that she had been attended by two doctors, who had given her up to die, and that it was the opinion of the family and neighbors that she could not recover."

On visiting the patient, about eleven miles distant, I found her confined to her bed, and received something like the following history of the case:

Mrs. H. was attacked on Tuesday, the 11th day of January, with sudden and violent vomiting and colic, accompanied with some unpleasant sensations in a tumor situated in the right groin; which, however, she did not suspect of having much to do with her diseased condition, as it had existed there about three years, during which time she had frequently ridden on horseback and taken various kinds of exercise without experiencing much inconvenience from it. On Wednesday, the 12th, a practitioner who resides about three miles from the patient, was called in, and continued in frequent attendance, sometimes visiting her twice in a day till Wednesday, the 19th. He administered several kinds of medicine with the intention of allaying the irritability of the stomach, and procuring alvine evacuations, which had been totally suppressed from the first. Among the medicines used, were repeated doses of morphine and one large dose of calomel, which was supposed to contain forty grains. On his attention being called to the tumor in the groin, he prepared a lin-

iment to be rubbed on it, without, however, examining it.—There being no improvement in the case, Dr. Picket, of Delaware, was sent for on Sunday the 16th; but did not see the patient till the 17th. He examined the tumor which had then assumed a very dark color. He attempted its reduction, but failed, after giving the patient much pain. He left some morphine and other medicine, telling the neighbors on leaving the premises, that she would not, in all probability, live twenty-four hours. Dr. C. saw her again on the 19th. During his visit, the patient made a turn in the bed, and the skin covering the tumor giving away, a small quantity of dark colored fluid escaped. This is about the account that I received from the family including the patient herself, who is a woman of 46 years of age, and the mother of ten children.

The case, as the reader will probably have anticipated, was one of strangulated inguinal hernia, which had proceeded to mortification and sloughing of the integuments. The ulcer thus produced, presented a dark ash colored slough, about two inches in diameter, and sunken two or three lines below the level of the inflamed and swollen surrounding skin.

On removing a considerable portion of this slough with a forceps and scissors, the mortified intestine was found in the middle of it, which had also sloughed and part of which was removed with the other dead mass.

The orifice into the bowel was still pinched by the stricture which permitted only a little gas and a very small quantity of bilious matter to escape.

During the period of ten days and nights, the patient had received but little benefit from that great soother of the nervous system, refreshing sleep. She had received as little nutriment during the same time, the ingesta having generally been rejected before time enough had elapsed for their assimilation. Yet the small quantity of fluids retained from time to time had so accumulated, (there being no alvine outlet) as to cause much uneasiness from the distention of the abdomen. She was much exhausted by the effects of frequent retching and colic, and to add to her discomfort, she was severely salivated.

The prognosis of the case was, of course, very unfavorable; it was absolutely necessary that the patient should have the benefit of all the encouragement derived from every point on which a hope could be hung; and, indeed, the case was not destitute of hope, for the line of demarcation was formed, the mortification laterally was arrested, and nature having borne up so nobly against contending ills, seemed to afford an earn-

est that she might still continue to bear up, till, assisted by her handmaid art, she might finally triumph.

I told my patient, that supposing too much of the calibre of the bowel was not destroyed, there was some possibility that the stools might yet find again their natural passage; that even after a hole into the intestine should be formed sufficiently large to permit a free discharge of them thence, a bare possibility might still remain, that after some time they might regain their proper rout, and if so desirable an end should not be gained, she might yet live many years with an artificial anus.

The ulcer was dressed by touching some fungus granulations near the edges with the nitrate of silver, then washing the whole circumference with tincture of myrrh, after which a piece of patent lint was cut to fit into it, and spread with an ointment composed of olive oil, wax and rosin, with a little of the subacetate of copper, (this having long been a favorite article with me for promoting the separation of sloughs and repressing fungous growths,) and an emollient poultice applied over the whole.

She was ordered to have a saturated infusion of rhubarb with a little peppermint, to be taken in small doses at first, and increased if the stomach should bear it well; one-sixth of a grain of the acetate of morphia to be taken *pro re nata*, to assist the stomach in retaining the cathartic and to support the nervous system—a *multum in parvo* nourishment to be given, composed of animal food in a gelatinous form, and the lower bowels to be solicited to resume their functions by injections of rich chicken soup well salted, which it was thought might also assist in supporting the patient.

On the 22d, the patient's condition was not much improved; the cathartic had not been retained; the bowels had not moved, the slough, however, was separating and a considerable portion more was removed.

It was evident that she could not hope for much relief till the bowels should be evacuated, and it was highly probable that this could not be done very soon but by an artificial anus. I therefore proposed, by an operation, to divide the stricture, and allow the upper intestines to be unloaded through the artificial anus thus completed. The principal danger attending this operation that suggested itself to me, was the possibility of the faecal contents escaping into the cavity of the peritoneum; but this, it was presumed, must be already guarded against by adhesive inflammation. The ulcer was therefore dressed as on the day before, the cathartic withheld, the system to be supported and soothed as before,



an injection increased in quantity to be thrown up with a forcing pump syringe, and to be repeated in four hours.

On the 24th, the patient was found to be more prostrated. Two injections had been given which were retained; the colon thus charged added to the distention of the abdomen, and she was now harrassed and annoyed with vomiting of stercoraceous matter. She had again lost nearly all hope. The operation to divide the stricture, was a second time proposed, and a second time positively objected to. The patient seemed resigned to her fate, but still inquired if there was any chance for her. She was informed that if nature could possibly bear up or be borne up for a few days longer, an opening would be formed by the separation of dead matter, sufficiently large to relieve her bowels, and that she would then have the chances as before related.

The sloughing process continued, fæcal matter began to escape from the opening into the intestine, and by the 28th, the artificial anus was complete, through which thorough evacuations passed and the patient was relieved. This state of things continued about a week.

The next time the bowel was examined, it was found that only part of its calibre was destroyed and that the angle formed by the duodenal and anal portions was not very acute.

By about the 3d or 4th of February, the lower part of the intestine began to resume its function, though stercoraceous matter and even undigested portions of food still continued to pass out at the remaining fæcal fistula.

The cavity formed by mortification of the surrounding parts, soon began to be filled up with granulations; the morbid growth of which was restrained, and the parts kept clean with a wash of the sulphates of zinc and alumina in equal portions dissolved in water. The ulcer was dressed with a plaster composed of olive oil, resin, wax and red lead, with a little camphor, and a compress to prevent discharges from the orifice into the bowel.

On the 7th of March, I undertook an operation to close the remaining fistula, which was at this time about an inch long in the direction of the inguinal canal. The edges were pared, and an attempt was made to secure them in contact by means of a hare lip pin and twisted suture; but the skin covering the new granulations was not yet strong enough, and the pin tore out. The contact was now secured as well as circumstances would permit, by the use of strips of isinglass plaster, and union by the first intention was thus obtained throughout about five-sixths of the whole extent.

The small orifice left gradually closed entirely, under the use of compresses and astringent washes, and the patient has, during the last two months, enjoyed good health, and taken various kinds of exercise, such as riding to meeting and to visit her neighbors, without any inconvenience from the misfortune above described.

ART V.—*Inflammation—and its sequelæ, engorgement, ulceration, and induration—of the Os and Cervix Uteri in the Unmarried.*

By THOMAS E. MASSEY, M. D., Columbus.

RICORD says, that in Paris, "ninety nine and a half out of every hundred women" suffer more or less from "fleurs blanches." Lisfranc states that in his extensive practice among females in the higher walks of life, as well as in hospitals, he found that "nearly all" had evidently blennorrhagic discharges, and especially was this the case among the high-born and the rich. Bennet regards confirmed leucorrhœal discharge, especially if accompanied by dysmenorrhœa, as *pathognomonic* of inflammation and ulceration of the uterine neck. Whitehead declares that scarcely less than one half of the married, are constantly laboring under this form of disease; while both of the last mentioned writers affirm, that "more than three-fourths" of the cases of abortion are owing to this cause, and an equal proportion of those of sterility.

From this epitome of the opinions of the illustrious physicians named above, may be inferred the relative frequency of the disease, of one form of which, it is the design of this article to treat. Yet, in the past poverty of our knowledge of its history, and absence of success in the management of its pathological conditions; in the numerous and distressing symptoms, perfectly susceptible of removal, remaining unmitigated; in the still persisting supineness of the profession in its elucidation, and of course in opportunities for the exercise of empiricism and imposture\*—no subject perhaps in the whole range of medical study, affords a parallel.

The relative frequency of the occurrence of this disease in the married and the unmarried, is of course as unequal as are the number of causes capable of producing it. But the actual disproportion is not so great, as the difference of attention be-

\* Hence the world is flooded with books as dangerous to the physical, as polluting to the moral well-being of our household deities—the "Female's Friend," "Married Woman's Private Medical Companion," &c. Here is an "ulcer," but the "caustic" is within our reach!



stowed upon the two classes would seem to indicate. Thus of the only two authors who have spoken scientifically and practically upon the subject, Whitehead devotes his entire book to the cases transpiring in the married,—while Bennet says, that “his opportunities have not extended to single females;” but from various circumstances, he concludes that “symptoms indicating inflammation and ulceration of the cervix uteri are scarcely ever met with in them.” In this however he has subsequently confessed his mistake, in the only article I have yet met with on the subject of uterine morbid changes in the unmarried. That, in fact it is by no means an uncommon origin of ill health in the young female, I have had ample demonstration. But the thought has at times struck me, that its existence was more frequent in our western country than elsewhere. In this I am perhaps incorrect however, as no means of arriving at positive information are attainable.

*Immediate nature and seat of the Disease in the Unmarried.*—It is impossible, as it is unnecessary, in an article of as brief a nature as this must be, for me to go into a detailed account of either the morbid appearances or consecutive changes, existing in the progress of this lesion. These are accurately and satisfactorily described by Bennet and Whitehead; and it is only incumbent upon me to state here, that the pathological phenomena in the unmarried are analogous, are identical with those in the married, with the following reservations: in the unmarried, the disease differs in *degree*, rather than in kind; it runs its course less rapidly, and consequently, the constitutional derangements are longer in being manifested. The inflammation, however intense, is in most cases, sometimes for years, confined to the mucous membrane. I say sometimes for years, for it is a fact with which observation has made me acquainted, that the cervix in the unmarried is not as prone to take on the ulcerative form of inflammation, as in the married. The local sufferings are frequently greater in the single than in the married, in consequence of the inflammation lingering so long in the active form, and spreading to the upper fourth or half of the vagina, and with but little effusion. The cervix is not always enlarged; when it is, it is the enlargement of congestion, and is soft; not of indurated hypertrophy. As the case progresses in duration, ulceration *may* take place; the ulcers are more irritable, fiery, and prone to bleed, than in the married; but still are more amenable to treatment. In some cases, all the consequences which appear in the married, follow; extensive ulceration, deep engorgement and induration.

The causes of the purely local character of this disease are sufficiently obvious. The cervix is the most vascular portion of the uterus ; it contains but few muscular fibres, but is furnished with considerable areolar tissue, which is not present in the body of the uterus ; hence the disposition of congestion of the organ to localize itself in the central substance of the neck.

*History.*—As far as I have progressed in the study and arrangement of this serious lesion, its origin can always be traced to one or the other of the three following catamenial aberrations:—1st, Retarded, or retained ; 2nd, Suppressed, or 3d, Painful menstruation. First, retarded or retained menstruation. Instances of retarded catamenia are comparatively rare ; and there are fewer still of retained. But in the subjects of these accidents, it is not too much to assert, that more than one half, are afterwards afflicted with inflammation and engorgement of the cervix uteri ; the liability of course, being increased in proportion to the difficulty in overcoming the obstacle. Hence an increased necessity for faithful attention to this morbid condition. 2nd. Suppressed menstruation.—This is by far the most frequent cause of the disease in the unmarried. It may occur in two forms. In the one, the suppression takes place slowly and gradually—the intervals becoming longer, the quantity diminished or quality deteriorated—and resulting from any cause which impairs the tone of the system ; as protracted anxiety, fatigue, watchfulness, bad habits, unwholesome food, &c. This source is in operation, especially among the poor and friendless. In the other, the more fruitful origin of the disease, especially in the upper walks of life, the suppression is sudden, during the active performance of the function, from exposure to cold and moisture ; violent passions or emotions, and acute diseases may likewise produce it. The thus throwing back upon the system such a mass of fluid designed to be excreted, produces intense cephalalgia, fever, congestions and inflammations of various organs, the liver, lungs, kidneys, bowels, &c. Yet these immediate effects may all be relieved, and still there be left a chronic inflammation of the uterus, or an imperfect restoration of catamenial regularity—either of which, from the anatomy of the organ, results in the local disease of the neck.

Third, Dysmenorrhœa. So valuable a symptom both in the married and unmarried, Bennet has pointed out as a prominent *cause* of the origin of the disease in the latter class.—Whatever may be the pathology of dysmennorrhœa ; whether it consist in neuralgia of the uterus, as is probable in females of the nervous temperament ; whether in those so afflicted,

the physiological congestion is more sudden or larger than usual; or whether the uterine capillaries or their orifices are smaller; certain it is, that some females are the regular sufferers of this painful disorder from the very incipency of the exercise of the function of menstruation. And it is my belief, that in every such instance, they are subsequently the subjects of inflammation and engorgement of the cervix; some being fortunate enough to have it deferred till marriage, or some other exciting cause, wakes it into existence.

*Effects, or Symptoms.* These are as numerous and Protean, as are the symptoms our authors have hitherto described under the caption "Hysteria." No disease, to which the human frame is liable, produces such protracted, such universal and terrible sufferings. For the sake of clearness and facility in our investigations, I will divide the effects (which become symptoms) of this disease into two comprehensive classes. In the first are included all general and remote morbid phenomena, whether organic, functional, or nervous. For the last are reserved the special effects, viz: catamenial irregularities, leucorrhœa and simulated or real displacement of the uterus.

The anatomy of the nerves of the uterus—their interlacement with surrounding organs and tissues—the situation and connection of its ganglions and plexuses—so ably and satisfactorily demonstrated by Dr. Robert Lee—enables us to comprehend the cause of the immense influence uterine disorders exert upon all parts of the system. The womb itself, like other internal organs, is by no means sensitive in its healthy state, and Whitehead well remarks; "as may be truly observed, that were the nervous system of the internal genital organs, completely isolated from that of the surrounding viscera, disease of the uterus might possibly proceed to entire destruction of the organ, without any manifestation of suffering, beyond that of constitutional debility. As it is, however, the case is widely different; the nervous interlacement which is formed between filaments proceeding from the hypogastric ganglions and plexuses of the uterus, and those of the surrounding organs, is so free, that disease cannot long, or to any considerable degree, exist in the former, without more or less implicating the latter. Thus it is, that although morbid structural changes of the uterus may exist for a length of time, without the patient's attention being particularly directed to the part affected; yet the disease is early and painfully manifested, by sympathetic disturbance of the bladder, rectum, kidneys, and any other parts having an intimate relation with the nervous system of the uterus. To one or the other of



these organs attention is often principally directed as the seat of the primary affection; the real nature of the case, thus escaping notice, and the remedial measures adopted, being consequently for the most part ineffectual."

The first intimation females have of the existence of this disease of the uterus, is, I *believe universally*, irritation of the bladder—frequent desire to micturate, with pain both in retaining and passing the fluid. Then follows dyspepsia, constipation, diarrhœa or dysentery (which last quite frequently becomes vicarious of the menstrual discharge.) There is also severe aching about the region of the sacrum—lancinating, sharp, burning, dragging or "bearing down" pains, in the hypogastric region; pain in the region of the kidneys; sometimes a movable, sometimes a fixed pain in either groin, or in the situation of the inguinal canals, and passing down the thighs. But to be brief, I *don't know* that a more condensed description of the general symptoms of this disease can be found, than that Blundell gives, under the singular enough title, "Relaxation of the Uterus." This, he says, is "a variety of descent of the uterus, in which it descends *but a little way*, say an inch or two, in the pelvis." "In these cases you often find your patients very irritable and nervous: there is a great deal of dyspepsia, acidity of the stomach, nausea and vomiting; and very frequently too, the bowels are more or less disturbed; and more especially inflations of the bowels are apt to occur. With these symptoms of general relaxation of the system, there may be disorder of the chylopoietic viscera; continual pain and uneasiness in the back, ascribed to the upper part of the sacrum; sensation of bearing down, as if the interior of the body would pass away, indicated principally by irritation of the rectum; so also, there is considerable irritation of the bladder, the urine requiring to be evacuated ten or twelve times a day, and often more or less of a mucous discharge from the vagina, *as if* the patient were laboring under *Leucorrhœa!*" Verily, if Professor Blundell had known all about the disease of virgins we are attempting to discuss, he could not have given a better description of it! But alas! by reference to his treatment, it is evident he knew nothing of the kind; nor is he alone, either. He recommends "blue pill," "laxatives," "bitters," and nourishing diet—travel, the horizontal position, and finally the "*pessary!*" It seems singular that only eight years ago, when this book was published, how very wide of the mark, was the entire profession, even its shining lights, upon this subject. Yet lamentable as is the fact, scarce three years have rolled round since it began to be understood aright. But to return.

Every symptom that authors have been so faithful in describing under the term Hysteria, occurs in this disease. Indeed, I am by no means sure, but that more than half, or three-fourths, of the cases of hysteria—I mean the disease hysteria, not the mere hysteric paroxysms, to which the excitable of both sexes are liable from efficient causes,—are in reality but examples of diseased uterus. One of the most frequent forms of the hysteria symptomatic of an inflamed os tincæ, is what I would term, neuralgic hysteria—consisting of exceedingly painful sensations, present in every part of the system, mostly integumentary, and notwithstanding their intensity, shifting their position so rapidly, that their locality can scarcely ever be defined. Asthma is also another form the symptoms assume, and sometimes so intense is it, that immediate suffocation seems unavoidable. Simulated inflammation of the heart or pericardium, lungs or kidneys, for which patients have oftentimes been bled again and again, thus assuring their more rapid progress to the grave, are not uncommon. And “spinal complaints,” too!—I had often thought, before I discovered the true cause, that the mere difference of physical strength was insufficient to explain why spinal disease should occur so very frequently in the female, and scarcely ever in the male save as the result of external injury. Now the reason is obvious; and I will merely remark, that if those who have been so enterprising in their efforts to cure a *diseased spine*, by electricity, the blister, seton, issue, scarificator, blow-pipe, moxa, or the actual cautery, will but be half as zealous in their application to the study and treatment of the *inflamed and ulcerated os uteri*, ninety-nine times out of a hundred, they will find that their “*spinal complaints*” “will fold their tents, like the Arabs, and as silently steal away.”

Lastly, palpitation of the heart, when uterine affection has long existed, is nearly always present. This increases in frequency, violence, and duration, till at length a confirmed, true, organic disease (hypertrophy) is lighted up, and the patient dies of apoplexy, rupture of the heart or great vessels, or suffocation.

But there is one other effect of this disease, of the gravest importance, and which has never yet been alluded to. I speak of *blindness*! This is unfortunately, one of the occasional results of an inflamed and ulcerated cervix uteri. Three ladies thus afflicted have fallen under my own observation, and two become exclusively my patients. In one, this sympathetic affection, assumed the form of most severe purulent ophthalmia, in which the blindness was nearly total (light from darkness being alone distinguishable) for a year or more. This case eventuated in complete restoration. In the second, it



was also purulent ophthalmia, but never became as severe, nor was the blindness so near total, intimate friends being distinguished on a near approach and a little inspection. Of the termination of this case I am not aware, as the patient was refractory to treatment, and I changed my residence before her management was completed. The third was a case of amaurosis, not complete, as day from night, as well as buildings and door-ways, &c., were distinguishable. The recovery of this case was most rapid, satisfactory and complete—I might add that this last was also the subject of violent neuralgic hysteria, from which she had suffered for more than ten years. The first two subjects were married, of lymphatic temperament, and full habit of body, the second continuing so, but the first becoming attenuated; one about twenty-two years of age, the other near forty. The last was unmarried, of slender form, nervous temperament, and about thirty years of age.

But the proper and essential evidences of this disease, are drawn from the effects I have placed in the second class, viz : those that are referable to the diseased organ itself. And these are, the different catamenial derangements, leucorrhœa, and prolapsus in the generic application of the term, as expressive of all descents of the uterus of whatsoever degree. One or two of these morbid conditions existing in connection with some of the general symptoms before described, are generally sufficient for the diagnosis of this affection, without the necessity of either digital or specular exploration, neither of which should ever be resorted to in the unmarried, until the commencement of the actual treatment, and not at all except by those who have acquired a previous expertness in the management of analogous cases in the married.

First, *Menstrual Derangement.* As in by far the great majority of the instances of this lesion, some form of catamenial aberration precedes the inception of the disease, so does it continue as a sign of its existence throughout the whole of its progress. The derangement may partake of different characters. The discharge is mostly diminished, seldom persists longer than from one to three days, and there is more or less dysmenorrhœa. This is the general result. But cases occur in which there is no dysmenorrhœa—in others the discharge is profuse—some few in which it is about normal in duration, and quantity. But I have yet to see the case in which one or another of the above aberrations is not present. In judging of the importance of the indications of any of these modifications of the catamenia, the “history of the case,” is absolutely necessary, and is indeed, doubtless,

the most constantly reliable means of diagnosis. Without this, our deductions drawn from all other sources combined, save physical inspection, must be imperfect. Our patient must be compared with herself—with what she was in a state of health—then it is almost impossible for our calculations to be wrong.

Second, *Leucorrhœa*. Not less in importance, is this morbid excretion. Of its nature, physical and chemical properties, its varieties, mucous and purulent, I refer to Whitehead's investigations, which are valuable. His remarks in relation to this discharge, however, have reference solely to its characters in the married, and of course are not entirely appropriate to the subject of this article. It is far more important as a symptom of this lesion in the married than in the single. In uterine disease of the former, I believe it always exists—in the latter, not universally. Even in cases of tolerably extensive ulceration, there has been no vaginal discharge manifested externally; not that here it does not always exist, but it is retained within the vagina, to add by its presence to the original disease. But mostly it is co-existent with the inflammation. Hence, while its manifestation is one of the strongest evidences of an affection of the uterine orifice and neck, its absence is no proof to the contrary.

Leucorrhœa, has almost universally been considered a disease of debility—vaginal, or general. But that there is any such thing as pure, local, idiopathic vaginal debility, I very much doubt. There may be a true vaginal debility and excretion, from immediate or contiguous irritation, as from a surcharged rectum, for example; but it is more than doubtful whether leucorrhœa *ever* occurs, from other causes, in the virgin, than as a consequence of an inflamed os or cervix uteri; or as a *result*, not a *cause* of constitutional debility from some evidently existing cachexia, as phthisis, chlorosis, scrofula, and the like, just as other mucous or aqueous ejections are produced. As obvious as is the fact, that the disease of which leucorrhœa is a part—inflamed uterine neck—from the intimate vital connection of the uterus with remote organs, is capable of producing derangements in all other parts of the system and general debility,—why the simple quantity of the discharge can produce so marked an influence, is not so clear; as we can have as copious evacuations from ulcers, for years, without such consequences; and fistula, gleet, and bronchial effusions, bear witness to the same fact. Hence, the greater value of leucorrhœa as a symptom of the disease of which we are treating; for if we find a confirmed leucorrhœa, and at the same time constitutional debility, and yet no tangible

cachexia we have almost pathognomonic evidence of the existence of an inflamed os and cervix uteri; although there never will be leucorrhœa as resulting from this morbid state, co-existing with physical prostration, without the presence of other corroborative symptoms.

Third, *Prolapsus Uteri*. This becomes an important symptom, not from its possessing any intrinsic value, because it is by no means constant—but from the fictitious prominence given to it by some of the profession. There is no pelvic disturbance in the minds of some, that is not charged to prolapsus—and that even in the unmarried. Hence the “brace, pelvic corset, utero-abdominal supporter,” and last but not least, the “pessary”—that “direful spring of woes unnumbered.” Of these instruments, it is not too much to say, that even in the married, they are but seldom, if ever, advisable; and more seldom still of any positive advantage, except perhaps to blunt sensation, while some of them *may* do positive harm. In the unmarried, they are not only uncalled for and never necessary, but any of them (that have any effect at all) must injure, while the “pessary” of any construction, is here but a piece of *barbarism*. I am entirely willing, in respect to all such mechanical contrivances as applied to the unmarried (and I would be almost as sweeping in reference to the married) to stand God-father to Professor Meigs’ “pro pudor!!” In the unmarried female, it is my belief that prolapsus, *as simple prolapsus*, a self-constituted, idiopathic cause of symptoms that make themselves felt, never exists, unless it is the result of original deformity, of violence, *perhaps* of protracted ill health, or abscess of the vaginal areolar tissue.—But some degree of prolapsus is by no means an uncommon occurrence, from inflammation of the orifice and neck of the the womb. Perhaps in more than half the instances there is more or less displacement—but it is useless for me to observe that the idea of affording relief by the pessary involves an absurdity. There are also a great many cases, having every evidence of prolapsus (except that furnished by the toucher) where not a shade of abnormal position in reality exists. I have known and treated young females who had every symptom of prolapsus as well developed as they ever are, and in the severest forms—the dragging pains of the loins; the unavoidable bearing down; the feeling as if the contents of the pelvis would tumble out when the erect posture was assumed; the “ball in the vagina,” and constant yielding to what seemed to be a stern necessity in pressing forcibly, and with both hands, the vulva, &c.; and yet on exploration, the uterus has been as firmly and purely normal in situation, as



it ever had been. But whence the deceptive symptoms?—Simply in the morbid sensations communicated by the inflamed cervix—which is in these cases very hot and perhaps dry—in the same manner, but for a stronger reason, that it occasions equally as distressing anomalous sensations in distant regions of the body. Then how is the diagnosis to be made out? It can only be done by physical examination. And yet I have seen examples, and that too in medical men of considerable pretensions in the management of diseases of females, where even the toucher had been resorted to, and prolapsus declared to exist, when in reality there was not a shade of it. In these instances, I presume, there was a forgetfulness as to the fact, that the relative situation of the os uteri and os externum is different in almost every female; in some cases the os being not more than an inch from the labia, and in others beyond the reach of the finger, with every intermediate position. The uterus, too, is implanted at different heights on the vagina—in some the cervix appearing not more than a few lines in length; in others an inch and a half or even more. But, as far as *treatment* is concerned, there is no necessity for the diagnosis of prolapsus at all—its existence or non-existence is a matter of no moment, as “*sublata causa, tollitur effectus.*”

The learned and venerable Professor Meigs—who has labored so long and so successfully for the benefit of the ladies, who has done doubtless more than any other physician in America for the advancement of the profession in the treatment of the “Diseases of Females,” and from whom it appears almost like ingratitude to differ, derides the idea that this disease is capable of producing prolapsus. But, men *will* believe their senses; and from the results of exploration, digital and specular, and from the nature and effect of treatment, my senses impel a belief at variance with the opinion of Dr. Meigs. In his late work, (“Letters to his Class”) he asks triumphantly, if this slight disease produces prolapsus, why does not the uterus at three or four months of gestation, likewise fall? But a page or two further on, the Dr. comes to a point, where it is necessary for him to think of the position of the womb in the third and fourth month of gestation, and he calls attention to the almost invariable circumstance, that the womb *does descend* about this period of pregnancy. But the Professor does not call this a displacement or prolapsus. He says, “the os uteri *settles* to be sure, but cannot be said to be prolapsed, it is only *weighed downward*; for there is no real disease of the vagina!” So then, for what we receive we must be thankful; and hereafter, if the uterus of a woman happens



to be dangling between her inferior extremities, and "there is no *real disease of the vagina*," we must say that the os uteri has "only *settled a little*," "only weighed downwards," for of course it cannot be said to be prolapsed! But if Professor Meigs had been told—or had himself exercised a little more expansiveness in the comprehension of the disease, inflammation of the os and cervix uteri, he would have found—that the philosophy of prolapsus from this cause, is but an exemplification of, and a compliment to, his own views of the pathology of uterine descent—consisting as it does in a "real disease of the vagina"—he would no doubt have been satisfied, and recommended Dr. Bennet as a perfectly safe guide to his class, rather than one to be trusted with extreme caution. I will only be doing Dr. Meigs justice however in remarking, that Bennet has led him astray by but a partial explanation of the true rationale of prolapsus from inflamed cervix. In discussing this point Bennet speaks only of the increased weight of the organ, as producing descent; but from some remarks further on, it is evident that he does not mean to say that this is the sole cause, but nevertheless he appears unconscious of the omission of the most important explanation, in its proper place; and this partially explains away the mystery of Dr. Meigs' position.

The mere increased *weight* of the cervix in this affection is totally inadequate to explain prolapsus; nor is the augmentation of its volume, in some cases promoting vaginal debility by tension of its parietes, sufficient. The only irrefragable and competent explanation is derived from the constant "real disease of the vagina," continuous with, and resulting from, the inflamed cervix. The parietes of the vagina are firm, and always so closely approximated, that there is no vaginal cavity at all, in health; its intrinsic structure, (and there is no better description of this than that given by Dr. Meigs,) consisting of dense submucous erectile tissue and muscular fibre, which forms almost the only means of vertical support to the uterus. Inflammation of the cervix then, never existing long without extending over the upper region of the vagina, from continuity of tissue, produces congestion, inflammation and *atony* of the latter organ, which, of course, would allow the uterus to prolapse, even if an increased weight of a part of it from engorgement did not exist as, in a greater or less degree, a predisposing and corroborant cause. This is, I think, the true explanation; but whether it is or not, I am entirely positive that prolapsus *does* frequently exist, and is cured by topical medication of the os and cervix uteri. In concluding this part of my subject, I cannot avoid expressing an earnest

hope, that Prof. Meigs, will, hereafter, lend some portion of his valuable time and the powerful assistance of his richly stored intellect, to the elucidation of this department of the afflictions of females. Should he do so, he will not only, with good reason, receive the approbation and thanks of the profession; but also the more immediate and personal reward of discovering that those wonderfully curious cases, (which are, perhaps, the same as those Blundell speaks of, under the head "Relaxation of the Uterus,") "of the most cruel neuralgia of the whole belly, with sensibility equal to that of acute peritonitis," which "proceeded solely from prolapsus"—and which were "entirely relieved by pressing upon," (so as to benumb) "the cervix uteri," were, *most probably*, simply examples of inflammation of the os and cervix uteri.

*Diagnosis.*—It would be but mere repetition to enlarge upon this head: as the sources of error are so few that they are amply provided against in the full details I have given of the symptoms and history of this disease, I will merely add, that there is no morbid condition of which the diagnosis is more easy, satisfactory or conclusive.

*Treatment.*—The difficulties which are urged as an apology for so much apparent apathy in the investigation and treatment of uterine diseases, are more imaginary than real; exist more in the repugnance of the physician to so much self-sacrifice as is herein necessarily involved, than in that of the patient. It is my firm conviction that there are but few females who,—when assured that there is a certain mode of affording relief to their misery, that this is almost invariably successful, and that there are no other means upon which the slightest reliance can be placed to bring more than very temporary mitigation—will not yield themselves to the management of the earnest, honorable and prudent physician.

The administration of no medicine or combination of medicine—no treatment, however skillfully or philosophically designed, perseveringly carried out, or patiently submitted to, in which topical applications do not constitute the prime feature, can be successful in permanently curing inflammation and its sequelæ, engorgement, ulceration and induration of the os uteri. In the *unmarried*, it is only barely possible, not *probable*, that a simple superficial inflammation of the mucous membrane of the os and cervix may be spontaneously resolved. And although in them, it frequently remains for a long time in a simple state of inflammation and more or less engorgement; yet it is also true that consequences do oftentimes succeed of equal extent to those in the married—large and extensive ulceration, with deep fissures, or hypertrophied induration, with all the concomitant systemic derangements.

As a general rule, constitutional treatment had better be dispensed with entirely, except so far as the relief of urgent symptoms, such as constipation, pain, &c., require; as the purely hypothetical prospect of doing any good, is far over-balanced by the chylopoietic derangement liable to be produced. The cold douche upon the lower part of the spine, is the only remedy that I have ever found that seemed to stay the progress of the disease in the least. This I have often used, before objections to the proper treatment were overcome, and in conjunction with simple cold water enemata, vaginal and rectal, with considerable advantage. Beyond these, antiperiodics and sedatives may occasionally be of some service, and so with gentle tonics where there is great debility, the best of which is palatable food. Of what is called the alterative plan of treatment, whether it consists in mercurials, iodine, arsenic, sarsaparilla or what not, it can avail very little more, than further deranging the system. Even exercise, that grand source of health, is here pernicious. Bodily rest and mental equanimity are important. After the inception of the disease, when the causes which produced it have ceased to act upon the frame, its seat and nature become localized; and as all constitutional morbid conditions are but results, they yield only where the fountain is broken up. And this can only be done by topical medication. Fortunately, there is no disease in which the beneficial effects of remedies are more certain, rapid, or satisfactory, than in this affection in the unmarried. After even the first application, the painful sensations are generally in a surprising degree relieved. Three weeks is, often as long as it is necessary for the treatment to be continued, in cases of simple inflammation, even though it may have existed for one or two years. And five or six weeks of uninterrupted attention, there being intervals of from three to eight days between the applications, is mostly sufficient for the more aggravated forms.

The selection of materials of treatment must be left to the judgment of the practitioner, to be selected according to the changing indications of the respective cases. He will find most frequent use for the nitrate of silver, and zinc and opium. Sometimes tannin, or acetate of lead, will be proper; while in indurations he will require the potassa fusa, or acid nitrate of mercury, &c.

*Leeches.*—Venesection should not of course be thought of in this affection; notwithstanding Lisfranc recommends blood to be drawn from the arm in small quantities, as a revulsive in uterine engorgements. It can do no good, but if carried to any extent, will inevitably do much harm, by adding another



to the sources of prostration, and by destroying the equilibrium of the circulation, thereby increasing the tendency to congestion in the weakened parts. But of leeches, what shall I say? As far as my bibliographical researches have extended, every author who has spoken of uterine engorgements advises, as a prominent part of the treatment, the application of leeches to the *os tincæ*! Nor have I ever heard a practitioner dissent from the propriety of thus employing them. To "unload the capillaries of the part," is the prime object of this practice. That the application of leeches does thus relieve the vessels, is proved by ocular demonstration; hence the inference that this is the best means of accomplishing the desideratum. But as to the correctness or advantage of the use of leeches in disease of the *os* and *cervix uteri*, I confess I am more than a sceptic. I will not say that I protest against this practice because wounds left by leech-bites in any part of the body, often inflame and cause troublesome sores; for almost any remedy we may employ may at times, and in peculiar states of the system, produce effects we would have avoided. My objections are confined to narrower limits; and they are the results of observation first, and of reflection afterwards. I have observed external hemorrhoidal tumors to which leeches were applied, and they would be evacuated and collapsed. But an hour would not have passed ere the engorgement would be worse than ever. And in phlegmonous inflammations I am confident this is invariably the case. But to appeal to the *os tincæ* itself. Having once applied leeches for engorgement of the *os* and *cervix*, and within an hour the local heat and pain of the patient being increased so much that her complaints induced examination; the *cervix* was found larger than previous to the leeching, and throbbing was present, although it was not perceived before the application. Three or four opportunities have since occurred for me to inspect an *os* and *cervix* which had been leeches in my presence an hour or two before, and in every case the size and heat was augmented. To my own mind these evidences are ample as to the prejudicial, rather than favorable effects of these appliances in the treatment of the diseased uterus. And the rationale is to me sufficiently plain. Exhausting a part of its blood, is no security against its return; but on the contrary it is an inducement to do so, and in increased quantity. Leeches do not fill themselves simply from the calibre of the vessels; but the parietes of the capillaries themselves are drained, and the power of *suction*, which has been applied, inviting more blood to the part, than the laws of circulation would send there, and the capillaries yielding more than before, from the



weakness which has been increased by the leeching, the consequence is that the engorgement becomes greater than before. Hence, more from the facts of observation than the result of the reasoning, (which no doubt is imperfect,) my convictions are entirely opposed to leeching the os tincæ in *any case*, and especially if some stimulant or astringent is not at once resorted to to partially counterbalance the effects of the leeches. The idea of leeching a point already sore, in itself conveys to my mind something akin to the preposterous, and especially a sore on a mucous membrane, where the secretions themselves are constantly interposing an obstacle to the reparative efforts of nature. Leeches always leave a point at least of inflammation; then apply them to the surface or edges of an ulcer, is it not reasonable that it must of necessity make that ulcer larger or deeper? Such, at least, it strikes me, would be the result. To leeches applied to the *neighborhood*, there can be no such objection, although they are never necessary in this disease. There is one author of whom it is perhaps but justice to say that he in none of his cases speaks of leeching the uterus. I allude to Whitehead. He makes no remarks upon the subject at all, but in looking over his cases, I observe that he speaks of leeching the hypogastric, sacral and other regions, but never the os uteri. I have no means of knowing whether he ever does or not; whether he opposes or disapproves of the mode of treatment. I merely state the fact for what is worth.

*The Speculum*.—A dissertation upon the value or use of this instrument is unnecessary here. For practical benefit, it holds a position inferior to no similar invention for the relief of human afflictions. I will merely state, that perhaps its use might become more general if the mode the French insist upon for its application, was varied from. For years, and in order that one of its principal objectionable features might be softened down somewhat, to enable a resort to it in private practice, in some degree less difficult, I have been in the habit of neglecting the French position, and placing my patients in the ordinary labor position of this country and England. This I find equally as convenient for the practitioner, and far less discordant to the feelings of the patient. But as noble as is the design of this instrument, and as valuable as it is in the detection and treatment of uterine diseases, and often indispensable, yet as there is an almost universal innate dread of all instrumental interference; and as in addition to this, in the unmarried, there are generally absolute physical obstacles to its successful employment, any suggestions to enable us to avoid its use, if in but a single case, and still do

no injustice to our patient, must be worthy of attention. Fortunately, the evidences of the existence and even immediate nature and degree of inflammation of the os and cervix, are now so complete and unfailing, that even in the married we can mostly dispense with specular assistance in the diagnosis. And in the unmarried, except where the disease has progressed to induration or extensive ulceration, I not only mostly refrain from the use of the speculum in the discrimination, but in the treatment.

In pursuit of the same object, limiting the necessity for the speculum, Whitehead invented his "prolapsus tube" (a name by-the-bye, as inappropriate as is the title of his book,) whereby patients could, to some extent, be enabled to make applications to the uterus themselves. This, however, I have had made, used, and found wanting. In but very few cases, can it have any advantage over a simple straight tube; and this for the evident reason of the difference of position of the cervix uteri in different females, and which is especially observable in cases of the disease of which we are treating. Nor are the few cases in which it might be of assistance those for which it would seem to be invented—inflammation associated with prolapsus; for here, as I have just remarked, the situation of the os uteri is changed, and if it has descended to any extent the main feature of Dr. Whitehead's instrument, the wing, is superfluous. Hence in its use, the practitioner would have to ascertain the position of the os in each case, and give the patient minute directions accordingly for its employment by herself. If this has to be done, and if, as is the fact, the relative cervical situation is so various, an uncomplicated, unmysterious-looking straight tube, for this mode of attaining the object in view, is superior, in nine out of ten cases, to any other contrivance, no matter how ingeniously designed. The idea of "working in the dark," is, of course, involved in any substitute for the speculum, that could be proposed. Beyond this, there can be no objection to the perfectly simple and cheap resources to which I beg to invite attention. In the married, there is not a particle of necessity for ever dispensing with the speculum; in fact, to do so would be culpable, except in so far that the introduction of the instrument is unnecessary at every application of remedial agents; and to save the nerves of our patients as much as possible, is an object of no despicable magnitude. But in the unmarried, beyond that high sense of delicacy which should ever be opposed to so stern an infliction, and the existence of which has doubtless been the silent cause of the protraction of many a youthful female's sufferings, the speculum from the nature

of the case, is of but doubtful assistance; and its use or omission, of generally but little importance. By "doubtful assistance," I mean, that, owing to the small diameter of the vagina, a proportionately small speculum is indispensable, (and specula of different sizes are not in the possession of the general practitioner,) and it is difficult in the extreme, to gain any accurate information, or correctly apply the materials of treatment, through a calibre so contracted. Again, from the nature of the disease in virgins, it being mostly superficial, yielding readily and rapidly to treatment, and the subjective symptoms, and the touch being sufficient to indicate the effect and the extent of the effects of the treatment, "the use or omission" of the speculum becomes of but comparatively small importance.

When therefore, there is no necessity for its employment in the management of an inflamed cervix uteri, in the married, I am in the habit of using a small straight tube, of glass or metal, of such a length, and so placed, that while it will be firmly held by the hand arranged as in the vaginal taxis, it shall extend upon the palmar surface of the exploring finger to within a few lines of its distal extremity—and thus be carried up to the os with the finger. The cervix being found, and the now internal orifice of the tube fixed upon the point requiring attention, the article to be applied,—previously fixed in a "caustic holder" if it is solid, or a pledget fastened to a probe and saturated, if it is liquid,—is, by the other hand passed up through the tube. When the operation is finished the whole can be withdrawn together. In the unmarried, for the sake of increased facility, this little contrivance is simplified still farther. The finger of an *elastic kid glove*, of appropriate size, is procured, and an eighth of an inch clipped off its extremity, so as to admit the tip of the finger to peer through. This is drawn upon the finger and well smeared with lard. The caustic holder (for here of course, the material to be used can only be of the solid form) is now pushed within the sheath and upon the finger, the nitrate of silver, the substance mostly used, being occluded, and the finger, with its company passed within the vagina; when the os is detected, and the diseased spot located, the other hand pushes forward the holder till the caustic rests upon the extremity of the ball of the finger, which guides it to the designated point. This being done, the nitrate is withdrawn again within the glove, and removed as it entered. In this manœuvre, of course the integument of the finger is liable to suffer some. But a solution of iodide of potassium or even table salt dissolved in lemon juice or tartaric acid and water, previous-



ly placed convenient, and in which the finger is immersed immediately upon extraction, will remove the effects entirely.

I bespeak a trial of these cheap and easy expedients.

*Vaginal Enemata.*—These are of but little service; although if properly conducted, not entirely as valueless as Whitehead inculcates. I am in the habit of using them, merely to give the patient something to do, and for the little good I am in hopes they may accomplish. Solutions of acetate of lead and opium, acetate or sulphate of zinc and opium are those most frequently employed. The position of the patient, when administering them to herself, is of no consequence; the universal opinion and directions to the contrary notwithstanding. The medicated fluid can only be of service when it reaches the diseased parts—the os and cervix uteri and adjacent vagina, and this it cannot do, no matter what the position, unless the syringe is entered far enough for the apertures to be immediately upon the diseased surface.

*Medicated Tents.*—In these we possess adjuvants far superior to the syringe in utility. Indeed, when the disease is not severe, or of long continuance, I have occasionally relied upon them alone, and with success. They consist of pledgets of lint, or very soft sponge, saturated with opiates, astringents, &c. My manner of using them is in this wise—a straight tube is passed within the vagina through which the tent—previously saturated, and with a thread attached, so that it can be withdrawn at pleasure—with the aid of a probe or forceps, is pushed till it rests upon the region of the disease. The forceps, and the tube are then withdrawn. This should be repeated several times a day, and for this purpose, I frequently, or I may say, generally, leave the tube and solution with the patient, with instructions, that she may make the application herself.

In conclusion I will merely add, that I have not dwelt upon the immediate and varied morbid changes, effected in the neck of the uterus by the disease upon which I have endeavored to fix attention, nor upon the appropriate treatment for each pathological condition. This would have swelled my already too protracted article much beyond its intended or becoming dimensions; and is rendered the less necessary, because of the accurate and sufficient description of Bennet. If therefore these pages—thrown together very hastily, and nearly entirely while the printer, in waiting for copy, has borne off sheet after sheet as fast as it could be written,—shall be the means of awakening but a single practitioner to the importance of the subject treated of, or of affording relief to the pangs of a single sufferer, my only design will be accom-



plished. As a further inducement to which end it may be mentioned that, as a consequence of the continuance of an inflamed os and cervix uteri, the susceptibilities to the influence of contagious or epidemic diseases are very much increased.

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## PART SECOND.

### AMERICAN INTELLIGENCE.

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ART. I.—*On the effects of Bloodletting on the Young Subject.*—

By JOHN B. BECK, M. D.,\* *Professor of Materia Medica and Medical Jurisprudence, in the College of Physicians and Surgeons of New York.*

THERE is no subject, perhaps, so deeply interesting to the practical physician, as the effects of Bloodletting on the human system, and the various uses to which it may be applied in the management of disease. In promptness and power, it exceeds all other agents, and its capacity for doing good or harm is proportionally great. It is resorted to, also, at every period of life, and by some it is even prescribed with equal, if not more freedom in children than in adults. It becomes then a question of the greatest moment to determine, if possible, whether the age of the patient has any influence in modifying its effects. And this is the subject upon which I propose to make a few remarks.

That the youngest can sustain the loss of blood within certain limits, as well as the adult, is manifest from a variety of facts. Thus children are sometimes born in a state of asphyxia from apoplexy. On dividing the cord and letting a moderate quantity of blood flow, respiration is established, and every thing does well. Again: not unfrequently, from not applying the ligature sufficiently tight around the cord, or

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\* Although the following article has been published for some months, we think we cannot do better than occupy a few pages in its republication. It first appeared in the N. Y. Annalist. Few medical men stand higher or have reflected more honor on the profession, than the distinguished author. We commend it to the careful perusal of our readers.—ED.

from the cord contracting and thus loosening the ligature, hæmorrhage takes place, and yet no injurious consequences result. Besides this, we know that in cases of disease, the youngest children may be bled, not merely without injury, but with advantage. When, however, the loss of blood is carried beyond these limits, important peculiarities are observed, showing a difference in the effects produced in the young subject from those in the adult.

*The first peculiarity is, that the young subject does not bear the loss of considerable quantities of blood, so well as the adult.* I am not aware that children fall into a state of syncope from the loss of blood more readily than adults; but when syncope does come on, it is very certain that they do not recover from it so readily, and they are always in more or less danger. In the adult, syncope from the loss of blood, unless the quantity be very large, is a state which, as a general rule, is attended with little or no danger, and from which the patient speedily recovers. Hence it is that physicians are continually in the habit of inducing it in certain forms of disease, and not merely with impunity, but evident advantage. In the young subject it is not so, and it is a state always attended with hazard. If the child recover from it, it does so very slowly, and every now and then it sinks irretrievably under its influence. That this is a fact, is confirmed by abundant testimony, on the part of those who have taken the trouble to make the necessary observations. Dr. Marshall Hall, in speaking on this subject, says, "In infancy, the state of syncope (from the loss of blood) is a state of danger."\* Evanson and Maunsell remark, "As a general rule, it is well to stop the flow of blood when decided pallor takes place, without waiting for actual fainting from which they do not quickly recover."† Armstrong says, "Do not bleed to actual syncope in children, as they are apt to fall into convulsions, of which they may die. Children do not recruit from very large bleeding like adults."‡ Dr. Ryan observes, "The abstraction of blood in the cases of infants and children until fainting occurs, is the worst practice that can be imagined, as convulsions or death may be produced."§ Indeed, the general fact admits of no question; and the reason is obvious enough, if we reflect for a moment on the nature of the agent, and at the same

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\* Researches on the Morbid and Curative Effects of the Loss of Blood, by M. Hall, M. D., p. 87.

† On the Management of Diseases of Children, p. 107.

‡ Lectures, &c., by John Armstrong, M. D., p. 387.

§ Manual of Midwifery, by M. Ryan, M. D., p. 475.

time compare it with the susceptibility of the subject. Carried to the point of syncope, bloodletting is one of the most direct, speedy and profound sedatives that we have in our possession. In a few moments, it reduces the subject from a state of perfect health or the high excitement of disease, to the state of temporary death. Now it is very evident that the capability of recovering from such a state, must be just in proportion to the powers of the constitution. From the very nature of its organization, therefore, it is obvious that the system of the child cannot sustain so well as the adult a shock so sudden and powerful as this.

*The second peculiarity attending the loss of blood in the young subject, is, that the nervous system is more powerfully affected than in the adult.* The evidence of this is, that convulsions and coma more frequently occur after the loss of blood in children, than in adults. In the adult, both these occurrences sometimes take place, more especially convulsions. Thus, for example, puerperal hemorrhage is not unfrequently followed by them. I have witnessed the same thing in a gentleman of irritable habit, who had been bled too largely from the arm. He lost about a quart of blood, when incipient syncope came on, followed immediately by a violent convulsion. In children, however, these occurrences are much more common; and the reason, no doubt, is the greater predominance, as well as impressibility of the nervous system. A great variety of causes, we know will induce convulsions in a child, and among these exhaustion is a very common one. With regard to coma, too, this may be brought on in children by any debilitating cause. A striking illustration of this we see now and then in diarrhœa, which has been continued too long. In these cases, the brain becomes suddenly affected, and a state of stupor or coma is induced, which not unfrequently is mistaken for Hydrocephalus. The same thing occurs from the loss of too much blood.

*The third peculiarity is, the repetition of bloodletting is not so well borne by the child as the adult.* A child of good constitution and ordinary strength, may bear a first bleeding, perhaps quite as well as an adult. Under particular circumstances, too, of disease, a second may be borne very well. Beyond this, as a general rule, it will be found, I think, that the child cannot well sustain the loss of blood. On this point, I believe, there is little or no difference of opinion among men of judgment and observation. Dr. John Clarke says, "Very young children bear very well the loss of blood, even to fainting, once, or twice, but they illy bear a more frequent repetition of bleeding. Their powers sink under it, and by no art



can they be replaced.”\* Marshall Hall says, “In infancy, a second or a third bloodletting is borne with difficulty.”†—Evanson and Maunsell say, “Repetitions of bloodletting are not well borne by the child.”‡

*The fourth peculiarity is, that the effects of bloodletting, especially leeching, are different upon the child, from what they are upon the adult.* In the adult, the effect of leeching is in a great measure local, and it is not usually resorted to until after general bloodletting is considered inadmissible. In a child, on the contrary, it produces very much the same effect as a general bleeding. From the greater vascularity of the skin, too, the amount of blood lost by a leech, applied to a young subject, is much greater than in the adult, and it is frequently much more difficult to arrest the hæmorrhage from it. The general effect, then, of leeching, on the young subject, is much greater than upon the adult. Hence it is that cases are so frequently occurring, in which children die from leeching.—Of this we have numerous cases on record. Dr. Christison says, “I have twice known children bleed to death in hospital practice, the nurse having labored under a common prejudice among their craft, that leech-bites cannot bleed too much. § Pereira states, that “in two cases of infants, I have seen exhaustion with insufficient reaction, consequent on hæmorrhage after a leech bite, terminate fatally.”|| Ryan says, “The loss of blood from a single leech-bite has caused the death of a child.”¶

From the foregoing, then, it would seem, that although a child may bear the loss of certain quantities of blood, perhaps quite as well as the adult, when carried beyond this, they do not bear it so well, nor do they bear the repeated and continued loss of blood so well; and under these circumstances, dangerous and even fatal consequences are apt to ensue. In other words, bloodletting is an agent which operates with more power, and is attended with more danger in the child than in the adult.

If all this be so, then some conclusions may be drawn with regard to the practical application of this agent, which, to the young practitioner at least, may be of some importance.

1. Great caution should be exercised in bleeding children to the point of syncope. If the state of syncope be attended with the danger already alluded to, it is very certain that

\* Commentaries on the Diseases of Children, p 103.

† Researches on the Loss of Blood, p. 87.

‡ On the Diseases of Children, p. 108

|| Materia Medica, Vol. 2., p. 769

§ Dispensatory, p. 492.

¶ Manual of Midwifery, p. 475.



nothing can justify us in producing it, unless it be determined that it is essential to the management and cure of the case. Now, that in most cases, even of decided inflammation, it is not necessary to carry bloodletting to this extent, is very certain. We know that it is not so in the adult, and it evidently cannot be so in the child. As a general rule, therefore, it is supposed that under certain conditions of diseased action, the safety of the patient depends upon the production of syncope. Thus, for example, in croup, bleeding ad deliquium has been insisted upon by the late Dr. Bayley of New York,\* Dr. Dick of Alexandria,† and Dr. Ferriar of Manchester. The latter especially speaks of it, as “the essential point of the cure, without which no relief can be effected.”‡ If in any disease the practice be justifiable, it certainly is in this; and it cannot be denied, that in a great number of instances it has been resorted to with safety. Notwithstanding this, general experience has abundantly established the fact, that even here it is not necessary, and that all the beneficially sedative effects of the remedy may be obtained, without going to this extent. On this point there appears to be, at the present time, a pretty general concurrence of opinion among enlightened practitioners; and the rule of practice ought to be, *never* in any case to bleed to syncope, but to stop as soon as paleness of the lips and cheeks comes on. In this way all the good of bloodletting is secured, while the risks of syncope are avoided.

2. To determine the precise amount of blood proper to be drawn, is a matter of much greater nicety, and involves more serious consequences in the child than in the adult. In the adult, the loss of a little more blood than is necessary, as a general rule, is a matter of no very great consequence. In the child, on the contrary, it may prove fatal. In the adult, too, we have means of judging how far it ought to be carried which we have not in the child. Thus, for example, the pulse, which in the adult is so valuable a guide in these cases, cannot be depended upon in the child. It is always, therefore, a very nice and difficult problem in practical medicine, how to adjust properly in a child the amount of blood necessary to be drawn, to the exact wants of the case. Now there are only two ways in which this can be done. The first is, by fixing upon a certain amount as suitable to different

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\* New York Medical Repository, vol. 12., p. 331

† Barton's Med. and Phys. Jour.

‡ Medical Histories and Reflections, by JOHN FERRIAR, M. D., p. 371, Am. Edition.

ages. The second is, to judge by the actual effects produced at the time of taking the blood. With regard to the first of these modes, it is evident that it must be a very unsatisfactory guide, if we recollect that no two constitutions are precisely alike, and that there is every difference in the capacity of different systems, even in the same disease, to bear the loss of blood. Then, again, the same disease exists in different degrees of violence, and of course requires a modification in the amount of depletion. Besides all this, different diseases do not require and cannot tolerate the same loss of blood. A general standard, then, founded upon the age of the patient, is really good for nothing, except as a mere approximation.—In individual cases, it must be inapplicable. Hence it is, that all those standards laid down by authors differ so much from one another, and must necessarily do so. If blood be taken by *leeches*, the difficulty is still further increased, from the circumstance that the desired quantity can hardly ever be obtained with any degree of precision: if it is so, it is purely by accident. That this must be so is evident, if we recollect the variable quantities of blood drawn by leeches themselves, and more especially the greater differences in the after-bleedings. It is not yet settled, I believe, exactly how much blood a leech will draw. Christison says, “Twice as much blood may be usually drawn by fomentations, as by the suction of the leech. A single leech, when applied successfully, may thus be held to draw, from first to last, *about half an ounce of blood on an average.*”<sup>\*</sup> According to Evanson and Maunsell, “the quantity of blood obtained by a good leech, allowed to bleed for half an hour, may be estimated *at one ounce.*”<sup>†</sup> Mr. Pereira says, “I believe *four drachms* to be the maximum. On an average I do not think we ought to estimate it at more than *a drachm and a half;*”<sup>‡</sup> i. e., the quantity taken by the leech itself without reference to the after bleeding. Leeches differ in their size very greatly, and there must, of course, be a great difference in the quantity of blood they are capable of taking. Then, again, there is every difference in the after-bleedings, depending on the vascularity of the skin, the part of the body to which they are applied, and various other circumstances. From all this, it is evident how unsafe it must be to draw blood from a child, according to any average standard.

With regard to the second mode, that of judging of the ex-

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<sup>\*</sup> Dispensatory, p. 492.

<sup>†</sup> Practical Treatise on Children, &c., p. 105

<sup>‡</sup> Materia Medica, vol. 2, p. 769.

tent to which it should be carried by the effects produced at the time : in many cases this answers exceedingly well. In inflammatory complaints, where the full effect of a loss of blood may be necessary, the rule can be satisfactorily applied, and the best plan is to bleed in the erect posture, until pallor of the face comes on, without producing actual syncope. In the adult, according to Marshall Hall, the production of actual syncope constitutes the criterion as to the exact amount which the case requires, as well as of the capacity of the system to bear the loss of blood, and therefore he recommends this as the rule for the administration of the remedy. Now, that this will not answer, must be obvious to every one.—Every practitioner knows that cases are continually occurring, in which actual syncope comes on after the loss of a few ounces of blood, when large quantities are afterwards required to be drawn. In children, of course, the rule cannot be applicable. In them, the loss of so much blood as to bring on only approaching syncope might not only be unnecessary, but be attended with danger. From all this, then, it would appear that we are not in possession of any precise mode of determining how much blood ought in all cases to be taken in children ; and this shows the necessity of great caution and the exercise of sound judgment, in the use of the remedy.

3. From the uncertainty in estimating the quantity of blood lost by leeches, and the dangers attending the loss of too much from them in children, too great caution cannot be exercised in their use.—From the manner in which leeches are ordered by some physicians, in the diseases of children, one would be led to suppose that no harm could ever result from them. From the ease, too, with which they may be prescribed, and the appearance of energy which it gives to the practitioner, it is to be feared that not unfrequently they are used without being actually necessary ; and even when necessary, they are suffered to draw blood without sufficient regard to the quantity which may be lost. Now it should always be recollected, as already stated, that leeches operate differently on the child from what they do on the adult. In the latter, they are in a great measure local in their action, and may be, and generally are, used when general bleeding is contra-indicated. In the child, on the contrary, they act in the same way as general bleeding. Their sedative effects, therefore, upon the constitution of the child, are much greater ; and if suffered to bleed beyond a certain limit, they endanger life. On these accounts, it is more necessary to be cautious in the use of them in children, than in adults. It is not my intention to go into any particulars, in relation to the mode of conducting the



process of leeching. There are a few points, however, of a practical character, connected with this subject, which may not be unworthy of notice. 1. When leeches are applied to a child, the patient should always be placed in the erect posture. The same rule, indeed, should be observed, in whatever way blood is drawn. If it be a fact that leeches act like general bloodletting upon the child, the propriety of this rule must be obvious; and it is the more necessary to insist upon it, because it is hardly ever observed. As soon as any paleness of the lips or face appears, the child should be placed in the recumbent posture, and the bleeding arrested. 2. When leeches are applied to a child, the patient should never be left until the flow of blood is completely stopped. 3. Leeches should never be applied at bed-time, and suffered to bleed during the night. In this way, the patient has, in more cases than one, bled to death. If applied late at night, they should be watched just as in the day-time. 4. As a general rule, leeches should not be applied to soft parts destitute of support from underneath, in consequence of the difficulty of making pressure sufficient to arrest the hæmorrhage. The importance of this was first noticed by Dr. Cheyne, who advises them to be applied in croup, not to the neck itself, but over the clavicle, sternum, or ribs.\* 5. Leeches sometimes open into arteries, and dangerous hæmorrhage has ensued from this cause. A case of this kind happened, in which the temporal artery was thus opened, and Sir Astley Cooper was obliged to divide the artery before the hæmorrhage could be arrested.† In all cases, therefore, the progress of the bleeding should be carefully watched.

4. If bloodletting be so profound a sedative to children, it is evident that it is capable of doing a vast deal of harm in cases unsuited to its use, and that it requires a very nice discrimination of the character of the case, before it can be used with safety. This may appear very common-place; but, common-place as it is, it is to be feared that it is not sufficiently borne in mind in actual practice. The presence of inflammation or congestion is generally considered a condition justifying and requiring a resort to bloodletting, and so indeed, as a general rule it is; but it is not universally. Thus, for example, the inflammation attending scarlatina does not usually require or bear well the loss of blood; and there can be no question that, in this complaint, many a child has been sacrificed by a resort to this remedy. Then, again, symptoms analogous to

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\* Pathology of the Larynx and Bronchia, by John Cheyne, M. D., p. 57.

† Johnsons's Med. Chir. Rev., vol. 9, p. 71.

those produced by inflammation or congestion result from a cause directly the opposite, viz : irritation or mere exhaustion. Illustrations of this we see frequently in affections of the head in children, convulsions, &c. In these cases, if the cause of the difficulty be mistaken and depletion be resorted to, the result may be fatal. All this shows that, before bloodletting is used in children, the nature of the case should be investigated more nicely even than in the adult.

5. In the use of bloodletting in the young subject, especial regard should be had to their constitutions, as well as their mode of living. No principle is better understood, or ought to be so, even in adults, than that, in the use of debilitating remedies, due regard should be had to the powers of the system. No practice is safe which does not take into consideration the relative capacity of the system to bear them ; otherwise the remedies may be more fatal than the disease for which they are prescribed. Now we know that in the adult there is every difference in this respect. In the management of the same disease, accordingly, in different individuals, a very different course of treatment is necessary, if not in the remedies themselves, at least in the extent to which they are carried. In the young subject this is still more necessary.—Children whose constitutions are naturally feeble and vicious, or have been enfeebled by debilitating causes, such as poor diet, confined air, &c., sink very readily under the influence of depressing remedies. In these, bloodletting is badly borne, and should never be resorted to unless absolutely necessary, and then in moderate quantities.

6. Great caution should be exercised in the repetition of bloodletting. After what has been already said in relation to the effects of repeated bloodletting on the young subject, I should not again allude to it, were it not to notice the opinions of an eminent authority. Dr. Rush, in his “*Defence of Bloodletting*,” makes the following statement : “ I could mention many more instances in which bloodletting has snatched from the grave children under three or four months old, by being used three to five times in the ordinary course of their acute diseases.”\* That the children alluded to by Dr. Rush survived this treatment I do not doubt; but that these repeated bleedings were necessary, I can hardly believe. At any rate, a practice like this, if generally adopted, would, in my humble opinion, end in the most disastrous results.

In concluding this paper, I trust it may not be thought that

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\* *Med. Obs. and Inqs.*, vol. 4, p. 300.

I am apposed to the use of bloodletting in the diseases of children. The physician who discards this agent, understands but poorly his profession or the duty which he owes his patients. The proper use of a remedy, however, is one thing, the abuse of it is another; and I must express the opinion, founded on no small observation, that it is frequently resorted to in children when it is unnecessary—when necessary, it is often carried too far—and that in its general use, there is frequently an absence of precision and care, which in many cases renders it a most dangerous remedy. With regard to the use of bloodletting generally in this country, there can be no doubt that the authority of Dr. Rush has exerted an influence the most deleterious. That it should have done so is not surprising. Living at a time when medicine was yet in its infancy among us, at the head of the oldest and most influential of our medical schools and attracting by his enthusiasm and his eloquence a large proportion of the students of the country, his sway for a series of years was unlimited, and his sanguinary precepts and his still more sanguinary practice\* were speedily diffused from one end of the country to the other. Although sad experience has long since exposed the fallacy

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\* To justify the language used above, and which may be considered too strong by some, let me make a quotation or two from Dr. Rush's celebrated "Defence of Bloodletting." "Bleeding should be continued while the symptoms which first indicated it continue, should it be until four-fifths of the blood contained in the body are drawn away." *Med. Obs. and Inq.* vol. 4, p. 353. The amount of blood in an adult is estimated at about 32 lbs. Four-fifths is over 24 lbs.!

Again, in enumerating the advantages of bloodletting, he says: "In cases where bleeding does not cure, it may be used with advantage as a *palliative* remedy. Many diseases induce death in a full and highly-excited state of the system. Here opium does harm, while bleeding affords certain relief. It belongs to this remedy, in such cases, to save pain, to relieve convulsions, to compose the mind, to protract the use of reason, to induce sleep, and thus to smooth the passage out of life."—*Med. Obs. and Inqs.* vol. 4, p. 357. In other words, if I understand him, one of the advantages of bleeding is, that it makes persons die easily! This reminds me of a melancholy case which I once witnessed. A young gentleman, about eighteen years of age, had been suffering about three months under organic disease of the brain. During this period he had been subjected to every kind of treatment. Bloodletting, emetics, cathartics, mercurials, tonics, &c., had all been used in succession, but without arresting at all the progress of the disease, and he had now become stone blind, was paralytic, and reduced to the extremest state of emaciation and debility. In short, he was barely kept alive by the use of stimulants. In this state of things a friendly doctor happened to drop in, and expressed the opinion that the disease was inflammation of the brain, and that a good bleeding would relieve him. Notwithstanding the urgent remonstrances of the attending physician, that the result would be almost immediate death, the idea took with his friends, and he was bled by the doctor who suggested the practice. As might have been expected, in about six hours he was a corpse, and the great consolation seemed to be, that he died so easily! Verily, on becoming acquainted with such practice, one would be tempted to believe that the Emperor Nero must have been a very tender-hearted man in condemning Seneca to so pleasant a mode of terminating his existence as bleeding to death. For the particulars, see the *Annals of Tacitus*, book 15, sect. 60.



as well as danger of his doctrines, yet many of the evil consequences of them are still to be met with; and not the least of these, it appears to me, is the opportunity which they have, indirectly at least, afforded for the prevalence of quackery. It is a part of our nature to fly from one extreme to another. When an error is once exposed, we are apt to go immediately to its opposite, inferring that what is the reverse of wrong must necessarily be right; and so it has been in regard to bloodletting. The public have been made acquainted with the evils of the practice of Dr. Rush, a prejudice, if not general, at least very extensive, has been created against the remedy itself; and empirics, always ready to play upon the weakness and prejudices of the community, have seized upon it for the mere purposes of traffic. Accordingly, the land is now filled with a set of men who pretend to practise medicine, without resorting not merely to bloodletting, but many of the other remedies sanctioned by long and tried experience. And what is melancholy, but true, they find a ready sympathy in a large portion of the community. Whether I am too severe in attributing the popular empiricism of the day to the influence of Dr. Rush, must be left to the judgment of the profession. One thing, however, is very certain, and which we see illustrated every day. Whenever a person has been overtaxed with active medicine, he is apt to discard all belief in medicine generally, and he is then ready to fall into any absurdity. It is with medicine as it is with religion: superstition once thrown off, infidelity follows, and the result in both cases is the same. Calm reflection and rational inquiry are out of the question, and boasted independence speedily becomes the easy prey of the knave and the empiric.

2.—*Death following Vaccination.* By Dr. P. GREGG, of Rock Island, Illinois.

*Thursday, April 13th.*—Was called to see — Cheshire, æt. 17 or 18. Found him in the following state: Intense Erysipelatous inflammation occupying one arm from one or two inches below the elbow to axilla, a gangrenous patch two inches square, (the centre of which, was the vaccine puncture,) midway the arm on the outerside, and one twice that size, on the under side. Pulse 110 to 120—a little resistance on pressure. Tongue moist, slightly furred, and of a blueish shade; delirious, manner hurried, collapsed expression of countenance, picking at the bed clothes, everything indicating rapid sinking of the vital powers. Advised yeast and charcoal poultice, wet with solution of sulph. ferri. Port wine or

porter, nitric acid, &c.; 2 P. M., omnia in pejora ruunt; died during the night.

This boy had been vaccinated on Friday, previous to my seeing him; and, on inquiry, I found that several others had been vaccinated at the same time with the same lancet and matter, and in no instance, except this, did any bad consequence follow. Being at a loss to account for the case as it stood, I sent for my partner, Dr. Brackett, who immediately pronounced it a case of the Indiana Epidemic Erysipelas, latent until developed by the vaccine irritation. The family had moved from Kentucky, came through Indiana, staying a few days at Vincennes, where the disease prevailed to some extent; an aunt came to see them, having her head tied up, who was then convalescing from an attack of Erysipelas. A month had elapsed from the time of the boy's exposure to the time of vaccination. Dr. B., who had seen much of the disease in Indiana, deemed this explanation satisfactory as to the origin and cause of the attack.—*N. W. Med. and Surg. Jour.*

[While on a visit in the city of Lowell, Mass., in October, 1845, a medical friend invited us to see two cases of vaccinia, which were of great interest. The main facts are these: twenty four hours before this visit, the mother of the two patients, who were children about five and seven years of age, inserted some matter from a vaccine pustule, with the point of a darning needle, into their arms. The child from whom she took the virus was well, and she observed nothing, only that the matter was thick and yellow. In a few hours both children became sick, nervous and prostrated. Convulsions supervened, and one of the children died during the night, or about twenty four hours after the operation. The other at the time of our visit, was very feeble, but ultimately recovered.

At the points where the virus was inserted, in the arms of both children, were dry angry-looking ulcers about two lines in diameter, without areolæ, and extending apparently through the true skin. We can offer no explanation of the above facts, only that the matter, whatever it was, whether from a genuine vaccine pustule or not, was possessed of deadly virulence. We have neither seen nor read of similar cases, though they may have occurred.—*Ed.*

3.—*A Scirrhus Tumour of the Mammary Gland, terminating fatally from the application of a Caustic Plaster.* By DANIEL MEEKER, M. D., Laporte, Ia.

I was consulted by Mrs. White, aged 30, in April 1846, in relation to a tumor upon the right mammary gland, which had been of three years' standing, and had at that time become painful and was increasing rapidly in size, her general health becoming somewhat impaired also. There were shooting pains of a lancinating character, extending into the axilla and region of the clavicle. The tumour was hard, ragged, and tender to the touch, the skin corrugated and somewhat discoloured, approaching towards a state of ulceration. After a careful examination, I advised the removal of the diseased breast, assuring her at the same time that this afforded her the only chance for a cure. She thought, however, that she could not submit to an operation by the knife, giving the preference to some caustic application. I cautioned her against permitting any application being made to the tumor that might convert it into an open ulcer, as thereby all the symptoms would become aggravated, and a fatal termination hastened. She however sought relief by applying to a quack, who styled himself a "cancer doctor," and he assured her that he could apply a plaster that would remove the cancer in twelve days, root and branch, without acting upon any other tissue than that of the cancer; and that, too, without giving much pain, and the application being entirely safe. The husband remonstrated against his making any application, unless a physician was called, and he made acquainted with the remedy to be applied. The husband was, however, overruled by his wife and her friends, and a blister was applied over the whole surface of the tumor. After vesication had taken place, the cuticle was removed, and a plaster applied containing upon its surface a finely-powdered substance of a white shining appearance. This plaster was applied on Saturday, at half-past 5 o'clock in the afternoon, with directions to keep it on twelve hours. The patient suffered the most acute pain immediately after the plaster was applied, which she described being as severe as the actual cautery. At half-past 7 o'clock the same evening, she complained of a metallic taste in the mouth, nausea, griping pains in the stomach and bowels, soon attended with vomiting and violent spasmodic action of the muscles.

She remained in this condition until the following morning, eleven hours after the plaster had been applied. She then became so ill that the plaster was removed, a dose of lau-



danum given, and a physician sent for, who arrived at 11 o'clock the same morning, and found her in the following condition, viz.; pulse 126, violent spasms, constriction of the muscles of the pharynx, burning sensation in the œsophagus, nausea and vomiting, cold extremities, the surface bathed with a cold perspiration, and great exhaustion. Anodynes were administered, sinapisms applied, and some benefit seemed to be derived from the medicine for the time; but during the next night hiccough came on, and all the symptoms became aggravated, which continued much the same until Wednesday, at which time I was called in consultation with the attending physician, and upon examination found the patient with a small corded pulse, 105 beats per minute, vomiting and hiccough, tender and tympanitic condition of the abdomen, tenesmus, with frequent discharges of a bloody and mucous character, the lower extremities drawn up in bed, mercurial fetor of the breath, gums ulcerated and spongy, submaxillary glands enlarged and tender, the surface of the body tumefied, with a mercurial erythema spreading over it. The surface of the tumor presented a dark-colored slough, which had not extended very deep into its substance, but showed evident marks of some active corrosive agent having been applied. I gave it as my opinion that corrosive sublimate had been used as the agent to produce sloughing. The cancer doctor, up to this time, had refused to give to the attending physician or friends any information relative to the substance he had applied. Upon further inquiry, I found that he was in an adjoining room, where I found him somewhat alarmed about the safety of his patient. He immediately inquired of me, if I could do any thing to help Mrs. White. I told him I considered it an extremely doubtful case, and in all probability it would terminate fatally. I however told him that if we knew precisely what he had applied we would have a better opportunity of directing means to counteract its effects. He then told me he had applied corrosive sublimate; and from his description of the quantity, there must have been at least one hundred grains applied to the blistered surface. I then asked him if he did not know that corrosive sublimate was a poison. He said that he did not; that he had applied it to a great number of cancers, but never knew it to have such an effect before.

Prompt and energetic means were made use of to allay the irritation and inflammation of the stomach and bowels; but all to no purpose. The patient died on the seventh day after the plaster was applied. Considerable excitement prevailed in the neighborhood about the case. The old doctor,

however, explained to the satisfaction of some individuals, by telling them that the roots of the cancer reached the heart, and that medicine, in following them out produced death; otherwise he would have cured the patient. Others, however, not so easily duped, manifested a desire to have the old fellow arrested, and brought to justice; but he, having got wind of their movements, received twenty dollars of the one hundred he was to have if he cured the case, and decamped.

*Remarks.*—The absorption of the corrosive sublimate in this case, producing so soon all the symptoms of poisoning from this substance, shows most clearly that the absorbents upon a recent blistered surface are very active indeed, and that medicines applied are readily taken into the system. Many agents act very promptly in this way, and can be beneficially used in cases where the stomach cannot retain medicine.

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4.—*Case of Fracture of the Cranium with depressed bone, in which there was considerable loss of Brain—successfully treated.* By Dr. PHILIP J. BUCKNER.

In the last No. of the *Western Lancet* a very interesting case with the above title is detailed. We regret that its length precludes us from publishing it entire. The following is a pretty full abstract of its most interesting features. Dr. B. was called, on the 15th of January, 1833, to visit a lad about 15 years of age. Eighteen hours previous, he was thrown from a sleigh, the horse in full speed, and was dashed with his head against a tree. He found him perfectly comatose, with stertorous breathing—paralysis of the left side—cold extremities with slow and feeble pulse—and dilated pupils. Had vomited several times during the night. On shaving the head a large portion of depressed bone covered by an extensive ecchymosis, was found. On dissecting up the integuments the fracture was found to commence in the right orbit, at the inner canthus, running directly up the os frontis to the coronal suture about an inch—thence obliquely across the anterior third of the right parietal bone, crossing the squamous suture near the middle of the temporal bone, inclining forward through that bone, and terminating just behind the external canthus. The deepest depression was at the junction of the sagittal with the coronal suture. A portion of bone was removed with the trephine just below and in front of this point. It was now ascertained that the serrated edge of the depressed

bone, had lacerated the dura and pia mater, and separated a considerable portion of the cerebral substance. The coagulated blood, and detached brain, of the latter a table spoonful in quantity, were removed,—the depressed bone elevated—the wound cleansed—the parts approximated, and adhesive plaster and lint with a roller, completed the dressing. From the fracture's passing through the frontal sinus,—the great depression of bone,—and the fact that the eyeball was thrown entirely from the socket, Dr. Buckner believed that it extended some distance into the orbit.

After placing the patient in bed, ordering frictions, sulphate of magnesia with tartarized antimony and stimulating enemata, the Dr. left him, directing bleeding when reaction should be firmly established. On the 20th a considerable portion of the wound had healed by the first intention, but the remaining portion was beginning to suppurate—the tongue was foul and there was considerable delirium. On the 8th day after the operation an ill-conditioned abscess was discovered, just above the inner canthus of the eye, the consequence of a collection of matter in the frontal sinus. About this time the febrile symptoms increased, the patient became restless and complained much of his head and the diseased eye, which had not yet retired within the orbit. Vision was nearly if not quite lost in this eye, and the whole case presented an unpromising aspect. By a free opening extending into the frontal sinus and by appropriate treatment, the wound gradually assumed a more healthy appearance and the general health of the patient improved. The wound healed perfectly in about thirty-five days, and the sight in the eye was restored in about two months. The intellect was uninjured.

The patient lived in the enjoyment of good health, with the exception of several attacks of convulsions, until February, 1848. Some of these attacks presented very singular features. We will allow Dr. Buckner to describe the first two in his own words:

“The circumstances connected with each attack I think will not be uninteresting to my readers, as they appear intimately connected with, if not consequent upon, the previous injury of the head. During the month of August, about seven months after the operation, having worked very hard for several weeks, at harvesting, and hauling stone for the foundation of a mill, he was attacked with severe pain of the head, with chills and fever. He was supposed by his father, a very intelligent old gentleman, to have an attack of bilious fever, for which he gave him a portion of calomel, and followed it with a dose of *ol. ricini*, about which time he had a convulsion



fit, and continued to have strong convulsions every twenty or thirty minutes, for several hours. I was immediately sent for. On my arrival he had had sixteen fits—was in a lethargic state—cold extremities—pallid countenance and feeble pulse. I applied warm frictions, sinapisms, etc. to his extremities, and believing, from what the family told me, that the cause of his attack was from some undigested substance in his stomach, which, from irritation, had affected the head sympathetically, I gave him a gentle emetic, which operated three or four times, and brought off considerable food in an undigested state, and very sour. This was followed by a stimulating enema; after the operation of which the convulsion ceased, followed by intense arterial action. I now bled him freely, applied cold wet cloths to the head, and kept up free catharsis by means of calomel and James' powder, followed by neutral salts. I left him much better; but in a few days, I was again sent for in haste, was informed by the messenger, 'that the boy had been delirious all night, and talking incoherently, complaining much of his head, that since daylight he had slept sound and could not be roused—that the family had discovered a large tumor or swelling on the forehead, over the open space occasioned by the loss of bone, and that the tumor could be seen to beat strongly.' On my arrival I found the description given by the messenger had not been exaggerated, but fell far short of the reality. He was comatose,—pupils dilated,—a tumor of the size of an egg, covering the artificial opening in the os frontis, and pulsating as strong and regular as the carotids themselves. The question would very naturally arise in the mind of the practitioner, is it the cerebral substance protruding, or is it the collection of a fluid, and if a fluid, is it pus, blood or serum? These are considerations which would produce some embarrassment in forming the diagnosis, as well as the proper course of treatment. From the symptoms, it was evident there was compression of the brain, from some cause. The tumor was firm, and regularly elastic. When firm pressure was made on it, it would recede within the cranium, but reappear immediately again upon the pressure being taken off; and appeared to be attended with pain and restlessness. Upon a minute examination, I found the base of the tumor occupied a greater surface than the opening in the os frontis; the elasticity of its base being perceptible for some distance from the margin of the bone, surrounding the opening in the cranium. From these facts I was induced to believe that the tumor was produced by a fluid, which, insinuating itself between the integuments and bone, caused the fluctuation which was perceptible at the base of

the tumor, which was larger in its circumference than the opening in the os frontis. Had it been produced by a protrusion of a portion of the cerebral substance, its base would be circumscribed by the margin of bone through which it passed, and would have been rather less than the opening in the bone.

Feeling confident the young man must die, unless the pressure on the brain could be taken off, I determined on making an opening into the tumor, by a puncture with the lancet; when, to the gratification of all present, it was followed by a free discharge of perfectly transparent serum. It ran in a full stream until we caught about six ounces, after which the water continued to ooze from the orifice for about thirty-six hours, when it closed. In a few hours after this evacuation of water the patient was restored to his senses, and convalesced rapidly. From the number of cloths wet by the fluid which oozed from the wound, it was believed by the family that the entire quantity discharged was not less than sixteen or eighteen ounces. The patient soon recovered and continued to enjoy good health for eighteen months, when he was again seized with convulsions, accompanied with high febrile excitement, which had followed severe exercise. By prompt venesection free catharsis, antimonials and digitalis, the febrile symptoms were arrested, the convulsions subsided, and in a short time he was again restored to health."

The next attack was on board a flat boat on its voyage to Louisiana. For the want of proper treatment in time, he had *several hundred convulsions*, but was finally restored to health. In February, 1848, he had another attack and Dr. Buckner not being able to visit him for twenty-four hours, a *steamer* was called. He gave of course, *Lobelia*, followed by the usual supply of *No. Six*, which in all human probability, determined the fatal result. The convulsions continued without any abatement for four days and nights, when the patient having lived a little more than fifteen years after the original accident, expired.

*Autopsy.*—Twenty-four hours after death. We extract this account almost entire :

"The top of the cranium was removed in the usual manner, and with as much caution as possible, to preserve the duramater from injury; still it was lacerated at some points by the saw, and a much larger quantity than usual, of blood, flowed from its vessels. The superficial vessels of the brain, were distended with very dark blood. We found the duramater adherent to the margin of the bone, around the opening in the os frontis over the right eye, occasioned by loss of bone from ulcerative absorption. The integuments covering

the opening also, firmly adhering to its external margin; and the integuments and membrane, where they came in contact, through this opening firmly united, forming a dense fibrous covering to the opening in the cranium, which fully accounts for the absence of that protrusion of the soft parts, from the pressure of water within, which characterized the first attack.

Then the newly organized matter filling the space occasioned by the loss of brain, and covering the opening in the bone, was of rather a gelatinous character, and the adhesion imperfect in density; so that the effused fluid within, forced this soft and elastic tissue, to yield to the pressure, producing the protrusion and tumor before described. Subsequently and during a lapse of five years, adhesion and organization were completed, and able to resist the pressure from within, consequently, in all subsequent attacks, no tumor or protrusion occurred. Notwithstanding, as the further history of the case will show, there must have been *effusion* into the ventricle, in each attack, producing compression of the brain, to such a degree, as to cause the convulsions.

After carefully dissecting the dura-mater from its adhesions with the margin of the bone and integument, we proceeded to examine the changes made in the brain, by the *primary injury*; the laceration of its membranes; and loss of substance. In cutting directly into the center of the injured part, we found immediately beneath the membrane, a round opening, about the size of a goosequill, which I suspected communicated with the right lateral ventricle, and from which, flowed a quantity of limpid water. I introduced a probe gently into this opening, so as not to injure or lacerate the texture of the brain, and left it, that I might on further examination ascertain the truth or falsity of my conjecture. I then sliced off the brain, carefully, down to the *corpus callosum*, or *commissura magna cerebri*, exposed to view the fornix, or *inferior longitudinal commissure*, and found, as I had conjectured, my probe in the right lateral ventricle which was filled with water. The *septum lucidum* and lining of the ventricle did not present that evidence of recent inflammation which I expected to find. The left ventricle presented a normal appearance.

The newly organized matter which supplied the place of the lost brain had no resemblance to the medullary or cortical structure of the brain. There was evidently no re-production of brain, in the reparative process; but a white pulpy mass, of rather fibrous texture, which could not be broken down or lacerated with a silver probe, as the true brain could.

The dimensions of this new formation, were two inches in its perpendicular length—width, transversely, one and a half



inches—depth, one inch. At the internal circumference, or line of connection with the cerebrum, its precise boundary could not be accurately distinguished with the eye, being gradually lost by almost imperceptible shades of color and texture, in the medullary matter of the brain, having neither convolutions or cineritious matter interposed. The left hemisphere presented nothing abnormal, except in common with the right—the general venous congestion.

Having ventured the conjecture, in my previous report of the case, that the orbital plate of the os frontis, must have been thrown down from its orbit, we next detached the adhesions of this newly organized mass, from the bone, near the frontal sinus, crista galli, and internal plate of the superciliary ridge, expecting to find evidence of fracture in the orbital plate. But to our astonishment, we found the right half of the frontal sinus from the falx, entirely destroyed, and the orbital process of the os frontis and the cribriform plate of the same side, one inch in width anteriorly, and one and a half inches in depth, in form of the letter V, entirely wanting—evidently having been fractured in the primary injury, and absorbed: thus leaving the soft parts of the globe of the eye superiorly, in contact with the newly organized structure of the brain, with only an intervening membrane.”

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#### 5.—*Foreign Body in the Trachea.*

*N. Y. Pathological Society.*—DR. GARRISH read the history of the following case. A boy about nine years of age, swallowed a white pebble which he was holding in his mouth while running in the street. It lodged in the windpipe, producing instant strangling and coughing. The boy went home, and complained of his throat, withholding the nature of the accident. He was supposed to be laboring under croup, and treated by his mother ineffectually for that disease. His physician visited him in the evening—failing to relieve him, the boy was brought to New York, and taken to the office of a surgeon. This surgeon being sick, a person attending the office probed his throat, and said he had pushed the pebble down. The symptoms of croup continued from the 18th of Dec., 1847, the date of the accident, until the 4th of March, 1848, when about 4 o'clock, A. M., while the lad was in bed, in a violent fit of coughing, he threw up the stone. The symptoms of croup ceased entirely. The stone is in the shape of a Lima bean, measuring 11-16 of an inch in length,  $\frac{1}{2}$  an inch in width, and 3-16 of an inch in thickness. Dr. Garrish was indebted for this case to Dr. Banks of Newark, N. J., the attending physician.—*Annalist.*

6.—*On the Etherial Solution of Prepared Cotton*—By EDWARD PARRISH and W. W. D. LIVERMORE.

THIS preparation originally prepared by Professor Shonbein, was recommended as an adhesive substance adapted to the purposes of the surgeon, in an article in the "Boston Medical and Surgical Journal," under the date of "March 22d, 1848," by S. L. Bigelow. He there stated that he had accidentally discovered its remarkable adaptation to the rapid union of wounds by the first intention, and had tested its efficacy by a number of experiments. Its advantages were thus stated:

"1st. By its powerful contraction, upon evaporation, it places the edges of an incised wound in much more intimate contact than is obtained by sutures and adhesive cloth—unites them by equal pressure throughout the whole extent of the wound, and maintains them immovably fixed.

"2nd. It preserves the wound perfectly from contact with the air—being impermeable to the atmosphere—while its adhesion to the skin is so intimate as to preclude the possibility of the air entering beneath its edges.

"3d. The substance remaining in contact with the skin and wound after the evaporation of the ether, seems to be entirely inert, so far as any irritating property is concerned, and this can hardly be said of any resinous adhesive cloth or preparation.

"4th. It does away with the necessity for sutures in incised wounds of almost any extent.

"5th. It is sure to remain in intimate contact with the skin until union is complete—and being quite impervious to water, and presenting a polished surface, it allows the surrounding parts to be washed without regard to the wound or dressing.

"6th. It is colorless and transparent, thus permitting the surgeon to witness all that goes on beneath, without involving the necessity for its removal.

"7th. No heat is necessary for its application, and the presence of any moderate degree of cold is only objectionable in retarding the evaporation of the ether.

"8th. It may be made at a trifling cost—an ounce phial, intrinsically worth little, being sufficient for a great number of dressings."

In the same article we find allusion made to its application in the formation of permanent splints, its use as a means of rendering pasteboard splints impervious to moisture, and the advantage to the pathologist of coating his hands with it before post mortem examinations.

The next number of the same Journal, issued one week later, contained an article on the same subject by John P. Maynard, of Dedham, Mass., in which he claims to have been the first to use the preparation as an adhesive plaster, and proceeds to detail its advantages as proved by a number of experiments made by himself and by numerous physicians and surgeons in Boston. In the same number of the Journal an editorial notice appears which recommends the *Collodion*, as it is there named, in terms of approval, and in relation to its adhesiveness says, "nothing known to us will compare with it in this respect."

The discussion as to priority of discovery has been continued in several subsequent numbers of the same Journal. On the merits of this controversy we have nothing to say, nor do the numerous uses of this solution in surgical practice fall within the sphere of our investigations. What particularly concerns us as pharmacutists is its mode of preparation, and upon this subject both the writers referred to have left us in the dark. As soon as a demand was created for the article, Dr. Maynard's formula for preparing it was placed in the hands of Maynard & Noyes, Druggists, Boston, who commenced the manufacture of it on a large scale and measures were taken to introduce it in this city and elsewhere; as it became extensively known and esteemed among physicians and surgeons, of course a number of chemists attempted its preparation. This has been attended with varying success from ignorance of the precautions necessary to be observed, and from the absence of correct formulæ.

The following observations are the result of a series of experiments in making the solution which have several times disappointed us: as far as they go they are freely offered for the benefit of others who may be disposed to attempt it.

1st. Ordinary commercial gun cotton is not soluble in ether.

2d. The best formula that we have tried for the preparation of this solution is as follows:

Take of Nitric acid sp. gr. 1.452,

Sulphuric acid (Commercial) each, 1 fluid ounce.

Cleansed and bleached cotton, 2 drams.

Thoroughly saturate the cotton with the acids, and macerate for twelve hours. Then wash the cotton, dry it rapidly by artificial heat, in the shade, and dissolve it in

Sulphuric ether, one and a half pints.

3d. Gun cotton as thus prepared, will lose its solubility entirely, by being kept a few days, or particularly by being exposed to the sun's rays.



4th. The gun cotton prepared as above, is entirely soluble in the officinal sulphuric ether, though not in the hydrated ether or letheon.

5th. As many groundless objections to the solution are due to its being carelessly or improperly applied, care should be taken to saturate the fabric used in making the plaster, with the liquid, and to allow it to dry while in close contact with the skin, and where a permanent plaster is required, it is well to apply it over the exterior surface with a brush. When thus applied, a piece of muslin one inch in breadth, and applied over a space of an inch and a half in length, will sustain a weight of ten pounds, its adhesion not being affected by moisture or temperature.

6th. Some solutions of cotton, though resembling the true *collodion* in appearance, are found to produce a plaster of inferior adhesive power, and which ceases to adhere on being moistened. Such specimens yield a white precipitate upon drying, which appears to be due to the presence of water.—The residue, after the evaporation of the best specimens, is nearly transparent in thin sheets, having somewhat the appearance of tissue paper, and is not readily inflammable.—*Am. Jour. of Pharmacy*.

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7.—*Physiology of the Pancreas*. By M. BERNARD.

The following important facts are given by Prof. MARCH, of Albany, in a letter to the editor of the Boston Medical and Surgical Journal, dated London, May 22, 1848. They are new and worthy of attention, inasmuch as they seem to settle the question of the physiology of the Pancreas beyond a reasonable doubt.—*Ed*.

The physiologist about whom you inquire, is M. Bernard. He promises to become one of the first experimental physiologists of Europe. He has already highly distinguished himself by his experiments and researches in digestion, and in the circulating and nervous systems. His researches with respect to the pancreatic fluid, are quite recent, and establish, beyond all question, the exact uses of that secretion. The following is the substance of what he has arrived at on this point. The pancreatic juice, when collected from a living animal (a dog, for example,) by means of a fistula artificially established, has clearly identically the same physical character as the saliva, being limpid, colorless, slightly ropy, and rather heavier than water. It is constantly alkaline, and is coagu-

lable by heat and strong acids, owing to the presence of albumen. The saliva is slightly alkaline when collected pure, but never coagulable by heat or acids. When the pancreatic juice is put in contact with azotized aliments, as fibrine, albumen and gelatine, there is no effect produced. Putrefaction occurs in time, but no digestion. When applied to farinaceous substances, they are changed into sugar, which is absorbable. Thus far there is nothing new—all this having been previously established. He however, has shown—and the merit of this discovery is solely due to him—that when this fluid is put in contact with fatty substances of every nature, as oils, animal fats, butter, &c., they are quickly digested or decomposed, and reduced to a state in which they may be absorbed into the circulation. This property is peculiar to the pancreatic juice, not being possessed by the saliva, gastric juice, bile, serum, nor by any other fluid of the animal economy.

The pancreas therefore, now takes rank with the most important organs of the system. I have seen him repeat his experiments with this fluid, and they are quite conclusive. The first effect produced, when you put the pancreatic fluid in contact with the oil, or any fatty substance, is to form an intimate emulsion, which will not separate on standing. If you agitate oil with saliva, gastric juice, serum, or *pure* bile, or any other animal fluid, the mixture separates when in repose. (Bile of animals mixes, or makes an emulsion, with grease, by virtue of the pancreatic fluid that is frequently mixed with it.) After the emulsion is produced, the oil is decomposed into *glycerine* and a *fatty acid*, as the oleic acid, &c., which are absorbable, as well as the simple emulsion.

He has also established another very important fact in regard to the digestive fluids—which is, that the union of the bile and pancreatic fluid produces a new and distinct fluid, having, in addition to the peculiar properties of these two fluids, another superadded, viz., that of digesting azotized substances, or, in other words, the properties of the gastric juice. It therefore digests all alimentary substances, and is altogether the most important of the digestive fluids. This is found in the duodenum in man, below the orifice of the ductus communis choledochus, and in animals below the orifice of the pancreatic duct. By means of this fluid, which he calls the intestinal fluid, aliments which are not digested in the stomach, are acted upon in the intestines. The property that the pancreatic juice possesses of transforming starch into sugar, and which until now has been considered its chief property, is a very subordinate one, and by no means peculiar, as almost all the other fluids of the economy possess it, viz., the saliva, serum of the blood, liquid of cysts, &c.

All the effects produced by the pancreatic juice as above described, are equally well seen by taking the pancreas of a freshly-killed animal, as a chicken, dog, pig, &c., and bruising it, and pouring a little tepid water upon it. Let it stand, or agitate it a few minutes, and you have an artificial pancreatic fluid, with which you can perform all necessary experiments. If you kill the animal in a state of digestion, the fluid will be more active, as the pancreas is then in a state of greater activity. In the same way you can make artificial gastric juice, by taking the stomach of an animal. But the pancreas must be quite fresh, and the pancreatic fluid changes very quickly and loses its properties, whereas the gastric juice keeps indefinitely.

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8.—*Trial of a Physician for Assault and Battery. Something New.*

[The world is advancing with wonderful rapidity, indeed a portion of our fellow men and fellow women are going faster than the world; and are, of course, much in advance of the age. In proof of this, we have only to call to mind the thousand and one reformers, all battling manfully for their "idea," and pummeling most unmercifully, the backs of all every-day common sense people who wont see through their spectacles. Quite a number of these ferocious gentry have turned their attention to the lamentable condition of the great domain of physic; surgery, they are too wise to meddle with. If you would believe them, and, especially follow them, medicine would soon be reduced to a most perfect and consistent science; indeed, people would only die by accident or old age. But the ignorance, duplicity, selfishness, heartlessness, conceit, immodesty and meanness, in general and particular, of the regular profession, is quite shocking to think of. They never reform! They never investigate and make new discoveries! They never care what becomes of their patients, provided always, their fees are secured! They even always resist truth when it is thrust at them with a perfect hurricane of proof!—Can you beat into their stupid heads, the marvellous truths of homœopathy? Can you persuade them to subscribe to the no less wonderful verity, hydropathy? Won't steam and lobelia and No. 6. convince them of the super-excellence of



Thompsonism? Or, can't you make a sort of compromise and induce them to believe any and every new light that twinkles, and baptize the whole under the comprehensive cognomen of—eclecticism? Strange perversity of the Doctors! What every old woman of both sexes can see and fully understand, they can't see and they won't see; and they probably would'nt understand if they could.

Here is an example: Some seventy-five years ago, more or less, the practice of what is called *man-midwifery*, became prevalent. The consequence was, that this branch of the healing art was rescued from the hands of ignorance and superstition, and placed upon a respectable footing. Every thing relating to the great function of woman, was carefully investigated. Learning, tact, skill, experience, mechanical ingenuity, were all brought into play to lessen the "perils of child-birth." Thousands of lives have been saved by these means; but certain squeamish, tender-hearted old maids and philanthropic idlers itching for notoriety and "dimes," have recently made the grand discovery, that for a *man* to be admitted into the lying-in room, is the height or depth of profanity. *Procul, O procul este, profani*. Lay not so much as your finger there! It shocks all decency! It outrages all feelings of delicacy! It saps the foundation of all morality! O naughty doctors, how can you do so!

We have only one improvement to suggest to these wonderfully wise and disinterested reformers; and that is this, and we insist upon it. The indelicacy and every thing else that is shocking, arises, of course, from the presence of the two sexes. Now, we insist that no females shall be present, save and except the mother, when a *man-child is born*. Only think of it! The little creature comes *naked* into the world!—How shocking to all refined delicacy! I blush for the poor ladies who are obliged to see so much, and often too in the very presence of a grown up man of the same kind! If they will agree to this suggestion as a sort of compromise and not demolish us altogether, we shall, doubtless, be very grateful. But, to the trial, which we extract from the Boston Med. and Surg. Journal:]

A trial of a novel character has lately taken place in New Hampshire, in which a respectable physician was the defendant. Trials of medical men for *mal-practice* have not been very uncommon, and have afforded opportunities for unprincipled individuals to attempt to obtain money from those who had used their time and best skill for the relief of the afflicted. The case alluded to is a new mode of harassing the profession; and, it would seem, with not exactly the same object in view—as criminal punishment, instead of pecuniary damages, was the penalty anticipated. The complaint was made by L. C. Delaware and his wife, of South Hampton, N. H., against Dr. J. B. Gale, of Salisbury Mills, Mass.—the charge against the latter being for an assault and battery upon Mrs. D. in March, 1847, upon the occasion of her confinement with her first child. It would seem that this worthy couple, since the alleged assault more than a year ago, have, through the means of certain books which have been freely circulated respecting the impropriety of employing male accoucheurs in midwifery cases, or by some other means, become fully convinced of the alleged gross indelicacy of such a practice, and for the purpose of showing their abhorrence of it, and to prevent as far as possible its repetition, the present complaint was made. How far they were justified, by the circumstances of the case, in adopting such a course, the evidence given on the trial will show. The following is the testimony of Mrs. D. herself, while that of Mrs. Woodman, an intelligent woman who was present, did not differ much from it.

“Dr. J. B. Gale, on the morning of the 5th of March, 1847, called to see me, agreeably to my request, which was conveyed to him by my husband. I was sick at the time, and expected to be delivered of a child. Dr. Gale came into my room about 5 o'clock and staid till 9, when I was delivered of a child, my first born. My mother and Mrs. Woodman were in the room when the doctor came, and remained there until the child was born. He had been in the room about fifteen minutes, when he came to where I was lying upon the bed, and after remarking—“Sister, you are doing well—don't be scared,” he commenced making an assault upon me by placing his hand upon my person. I had labor pains occasionally, and at intervals of a quarter and a half hour, he renewed his assaults, by placing his hand upon my person. At these different times, I told the doctor to let me alone, and to go away, but he did not. I also asked for my husband: but the doctor replied, “Umph! you do not need your husband.” The doctor did not ask my consent to make an examination. I think he increased my pains at each examination he made.

I lay upon my left side—the doctor came up and made his examinations until my child was born, which was at 9 o'clock.

“On the cross-examination, the evidence of Mrs. D. did not vary materially from that of the examination in chief—and was as follows:—While lying upon the bed, my person was not exposed, to my knowledge—the doctor remained at my side five or ten minutes at a time—he assisted at the birth of the child. I did not think it was right *that the doctor should handle me*—and told my husband so. This affair happened sixteen months since, and the reason I had not complained of the doctor before, was because I *wanted time to think of it!*—The doctor visited me twice afterwards, and promised to call again, but did not.”

Several physicians were called for the defence, who testified that the conduct of Dr. G., as stated by these witnesses, was not different from the usual practice on such occasions. After the address of the counsel for the government, Justice Currier, before whom the case was tried, briefly reviewed the evidence, and after remarking that there appeared to be no cause for the complaint, that Dr. Gale, in doing his duty, had committed no offence whatever, ordered him to be discharged.

The friends of this species of reform will see that this mode of conducting it is not likely to succeed, and we may therefore hardly expect a repetition of the attempt.

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## PART THIRD.

### FOREIGN INTELLIGENCE.

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#### PRACTICAL MEDICINE, &c.

*Cholera.*—For some months little has been said of the progress of this fearful epidemic. Its force and mortality seemed to have much diminished, and there was some reason to hope that it would soon become extinct. More recently, however, the European papers give it a prominence which shows, that it is again on its destructive march. In all human probability it will again visit our shores, and make once more the circuit of the globe, defying alike wind, tide, mountains, deserts and human skill. From what we can learn, the present epi-



demic has been less severe and destructive in Europe than the former one. In some localities however, especially in Asia, it seems to have reached, if not surpassed, any instances of its former virulence. How horribly terrific must it have been for example, at Kurrachee, near the mouth of the Indus, where more than 8000 victims were swept off in a few days. This place is a British military station, and the attack and progress of the pestilence is thus described by an eye-witness.

“The heat had been intense during the first fortnight in June, 1846, but the station remained tolerably healthy. On the 14th, a Sunday, the atmosphere was more than usually stagnant and oppressive; one correspondent, who was present, says: ‘the very heavens seemed drawn down upon our shoulders; the feeling was suffocating.’ A dark portentous-looking cloud crept up the sky as the troops were proceeding to church, and a sudden burst of wind threatened the buildings. It passed away almost as speedily as it came, and when the worshippers retired, the air was as still as when they assembled. At the same hour did the pestilence appear. Before midnight, nine soldiers of the 85th regiment were dead; and men began to be brought into the hospital in such numbers that it was difficult to make arrangements for their reception. It was a fearful night. With morning, came the tidings that the pestilence was overspreading the town, and that fifty persons had already fallen victims to its deadly poison. How awful must have been the rapidity of the attack, when we learn that sometimes, within little more than five minutes, hale and hearty men were seized, cramped, collapsed, and dead! The only thing we can compare it to is the deadly effect of a serpent’s venom. Men attending the burial of their comrades, were attacked, carried to the hospital, and themselves buried the next morning. Pits were dug in the churchyard, morning and evening; sewn up in their bedding and coffinless, the dead were laid side by side, one service read over all! For the next five days, it raged with appalling fury; it then abated in its intensity, but continued to hover around the place for about another week. Within less than a fortnight 900 Europeans, including 815 fighting men, were swept away. Besides these, 600 native soldiers, and 7000 of the camp followers and inhabitants of the town had been hurried into eternity! What must have been the scene of desolation and the sickening pollution of the air after such a visitation, when nearly 9000 bodies were festering under the ground beneath a tropical sun!”

Judging of the future by the past, it is hardly probable that the disease will show itself in this terrific form in this country. There is here, thank God, so little of abject poverty and its consequent filth and abominations, and so much regard comparatively paid in our large cities to proper sanitary regulations, that we may reasonably hope for, at least a partial immunity. As a general rule, to which there are many exceptions, the epidemic seizes upon and riots in, those localities where poverty and intemperance and crime crowd into their dark, damp and stagnant abodes. From these points the disease may radiate and become, if the poison is much concentrated, in some some instances it is probable, infectious. This is not, however, its general, almost universal, character. It is an epidemic, and not to be stayed by prohibiting communication with infected districts or any quarantine regulation. Our best safeguards both as individuals and as a people, are temperance in eating and drinking, cleanliness of person, and tranquility of mind, and the careful regulation of all those external circumstances as ventilation, drainage &c., upon which our health so much depends.

We can hardly say, notwithstanding the great opportunities that medical men have had for its investigation, that the pathology and treatment of Cholera are at all well understood. Recent investigations however, render extremely probable what was before conjectured, that its pathology is to be sought for in a change of the blood itself; and we may hope that something like rational and successful treatment is not beyond the reach of human reason and skill.

The disease seems to be advancing into Western Europe, from Russia, where it has been for the past year. We shall watch its progress with fearful interest.

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*On the use of the Nitrate of Silver in the Cure of Erysipelas.*

By JOHN HIGGINGBOTTOM, F. R. C. S. E., Nottingham.

The author states that he has found that if the nitrate of silver be applied *early*, it subdues local inflammation and irritation, if we employ, at the same time, the most efficient means for regulating the digestive organs,

At an early period of his practice, in slight cases of erysipelas, he used constitutional remedies alone, hoping that the

inflammation would have been arrested; but having been so often disappointed, he now uses both local and constitutional remedies simultaneously, and especially the nitrate of silver. Even in mild cases of erysipelas, in which he did not apply the nitrate of silver, he found the disease very long in duration, and observed that the patients had sometimes numerous small abscesses requiring the use of the lancet, which might have been prevented altogether by the early application of the nitrate of silver.

The objections formerly entertained by him to the very early application of the nitrate of silver, were the pain and inconvenience attending the discoloration of the part on which it is applied, which remains for a week or more, but these objections are trifling compared with the continued severity of the disease, if permitted to run its usual course, particularly on the head, on which there is also great danger of inflammation of the membranes of the brain, and of serious effusion. He has found that when the inflammation has been subdued by an early use of the nitrate of silver, the constitutional symptoms were immediately relieved; the constitutional disturbance is directly aggravated by the least increase of local inflammation, and in a few hours, after a decided application of the nitrate of silver, the inflammation is arrested and gradually subdued, and with it the constitutional symptoms cease.

Even in idiopathic erysipelas, there is no period of the disease when he would not apply the nitrate of silver, and states that he has never in any cases seen metastasis, or any other bad effect from the use of this important remedy.

When it is necessary to apply the nitrate of silver over an extensive surface, as in erysipelas, he has for some years used the concentrated solution in the manner proposed by Mr. John Gooch, Surgeon, R. N., in a paper published in the "*Lancet*," of September 15th, 1832, entitled "*Practical Remarks on Erysipelas as it appeared on board his majesty's ship, Prince Regent.*" The strength of the solution is not given in this paper; he prescribes it in the following manner;

℞ Argenti nitratis,    ℥ iv,  
 Acid nitrici,            gtt. vj,  
 Aquæ destillatæ,    3 iv.

[The author gives the following rules for its use:] "In erysipelas of the face, when it is spreading on the forehead, or at all on the scalp, the head should be shaved as early as possible in order that we may trace the extent of the inflammation on the scalp, which often can only be detected by pain, or by an œdema being felt on pressure with the finger. The affected part should be well washed with soap and water to remove



any oily substance from the skin, and afterwards with pure water, to wash away any particle of soap remaining. The concentrated solution may be then applied several times on the inflamed part, and for two or three inches beyond the inflamed margin on the healthy skin. It requires to be applied very freely all over the scalp, where it seldom or never produces vesication.

"In about twelve hours it will be seen if the solution has been well applied. If any inflamed spot be unaffected by it, it must be immediately re-applied to it. Sometimes, even after the most decided application of nitrate of silver, the inflammation may spread, but it is then generally less severe, and it is eventually checked by the repeated application of this remedy. I have in some cases of traumatic erysipelas, found the inflammation to spread more severely, and more rapidly than the idiopathic, but by the free repeated application of the nitrate of silver, it has at length been subdued."

The following cases are selected to illustrate this mode of treatment:

"CASE I. On the 6th August, 1844, I visited Miss A., 20 years of age, of very delicate constitution, and of a strumous diathesis. She had been exposed to the rain, and had neglected to change her damp clothing. She experienced the common symptoms attending a cold, accompanied by a slight erysipelatous inflammation of the right side of the cheek and nose. The constitutional symptoms were so slight, and the pulse so little accelerated, that I wished to avoid the application of the nitrate of silver, thinking the inflammation might be subdued by other remedies. I directed thirty grains of ipecacuanha as an emetic, and in three hours after its operation two pills containing three grains of chloride of mercury, and eight grains of the compound extract of colocynth, followed by a purgative of salts and senna, repeated every three hours until it operated freely.

"7th. Early the following morning, although the emetic and purgative had operated satisfactorily, she was laboring under a severe attack of fever; the pulse was 140, and the erysipelas had spread considerably on her face and forehead, and slightly on her scalp. I opened a vein in the arm, and bled her in the semi-recumbant position to the amount of twelve ounces, when she became faint. Her head being shaved the concentrated solution of the nitrate of silver was applied upon and beyond the whole of the inflamed surface, and also around the ears, to prevent them becoming inflamed. I applied it very freely over one half of the scalp, thinking this might be sufficient, as only a small portion of the forehead was

affected. I prescribed two grains of chloride of mercury, with two of antimonial powder, every six hours.

"There appeared no increase of the inflammation on the 8th, and the pulse 120; the bowels had been well moved.

"9th. She had a restless feverish night, attended with slight delirium, the pulse being 120. There was no increase of erysipelas on the face, but it was spreading on the remaining part of the scalp. Neither of the ears were in the least affected. The solution of the nitrate of silver had apparently formed a barrier, over which the erysipelas did not spread.

"On the 10th, the patient was in every respect improving.

"From this time Miss A. recovered without interruption.

"CASE II. I visited Miss B. aged 30 years, on the evening of the 18th of December, 1843. She had been indisposed several weeks. There were considerable fever, a quick pulse, and pain of the head, and she had a patch of erysipelas on the upper part of the nose, and a little across the lower part of the forehead. I prescribed an emetic of ipecacuanha, followed by a dose of chloride of mercury and compound extract of colocynth, and the sulphate of magnesia in infusion of senna.

"On the morning of the 19th, the erysipelas had spread all over the face, and as high as the forehead, close to the scalp, and there was no abatement of the constitutional symptoms. I bled her, whilst sitting up in bed, until she fainted, and directed the head to be shaved, and I then applied the solution of the nitrate of silver all over her head, and one half of the scalp. In the evening I applied the solution of the nitrate of silver over the remaining part of the scalp; having found that one ear had become inflamed, I applied the solution both upon it and around the other where affected.

"20th. The fever was considerably abated; the pulse was 100. From this day the patient was convalescent.

"Case III. I visited Miss C., aged 20 years, on the 14th September, 1844.

"She had a sense of coldness and pain of the limbs the day before; she had then a slight degree of erysipelas on the left side of her nose, cheek, and upper lip. I directed an emetic and pill, with the compound colocynth powder and chloride of mercury, followed by an active dose of infusion of senna and sulphate of magnesia.

"In the evening I found the erysipelas increased and spreading towards the ear; the lower eyelid was considerably swollen, but the erysipelas had not reached the forehead; pulse 100; no pain of the head. I applied the strong solution

of the nitrate of silver all over the inflamed surface, and the surrounding healthy skin, for several inches, particularly round the ear. A grain and a half of chloride of mercury, with two grains of antimonial powder, were given every six hours, and a saline effervescing medicine every three hours.

"16th. The application had been effectual, and there was no increase of the erysipelas; the pulse was 80.

"CASE IV. Mr. J. S., aged 30 years, had slight febrile symptoms on the 11th of December, 1843, which arose from exposure to cold. He had taken aperients and saline medicines. Two days after there was a patch of erysipelatous inflammation on the right side of the face, without any considerable increase of fever. The nitrate of silver was well applied on the inflamed part, and on the surrounding skin. There was no further extension of erysipelas.

[The author, in conclusion, thus comments upon the above cases:]

"It will be observed in the two last cases, when the nitrate of silver was promptly applied, before the erysipelas had produced severe constitutional symptoms, that the progress of the disease was instantly arrested, and that the patients speedily recovered. In the case of Miss B., although the erysipelas at first was suffered to proceed, the application of the nitrate of silver to the whole scalp prevented any cerebral affection, and the patient was convalescent in a short time. In the first case related, there were restlessness and delirium fifteen hours after the application of the nitrate of silver, but it was observed that the scalp, where the nitrate of silver had not been applied, was inflamed, and on the decided application of the nitrate of silver on the whole of the scalp, the delirium ceased. From these cases, as well as from my experience of many years, I conclude that the speedy application of the nitrate of silver will arrest the progress of erysipelas, and prevent cerebral mischief. It is also of great practical importance to subdue erysipelatous inflammation in the commencement, for I have observed, when the attacks have been severe, that the patients afterwards become more subject to a recurrence of the disease.

"The great obstacle to the general and free use of the nitrate of silver, even at the present day, appears to arise from the impression on the minds of many surgeons that it is a caustic,—a destructive agent. If they could be divested of that idea, and use it as freely as they would a common blister of cantharides, their fears would soon subside, from repeatedly observing the safety of the application, and also its beneficial effects. In my own practice I have always considered



it a safer remedy than cantharides, as it may be applied freely over a surface, even where very active inflammation exists, or where there is an extensive surface denuded of its cuticle. This remedy has also the advantage of not affecting the bladder, or producing stranguary.

"The nitrate of silver is not a caustic in any sense of the word. It subdues inflammation, and induces resolution and the healing process. It preserves, and does not destroy, the part to which it is applied. If we compare a caustic as the hydrate of potassa, with the nitrate of silver, we find that the hydrate of potassa, destroys and produces a slough and the ulcerative process; but if we touch a part with the nitrate of silver, the eschar remains for a time, and then falls off, leaving the subsequent parts healed.

"If an ulcerated surface secreting pus be touched by the nitrate of silver, the succeeding discharge is immediately converted into lymph; it is the property of the hydrate of potassa, on the contrary, to produce not only ulceration but suppuration. In short, the peculiar properties of the nitrate of silver have long been kept unknown to us by the designation of lunar caustic, affording the most striking instance of the influence of a term, or of a classification upon the human mind. The nitrate of silver, and the hydrate of potassa (as indeed all caustics) are as the poles to each other, the first preserves, the second destroys; the first induces cicatrization, the second, ulceration."—*Ranking*.

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*On the Internal use of Nitrate of Silver in Obstinate Diarrhœa and Dysentery.* By THOMAS AIKIN, Esq.

The author of this communication remarks, that the topical application of the nitrate of silver to inflamed or ulcerated mucous surfaces is confessedly a most efficient mode of treating such cases. The knowledge of this fact may have induced physicians to employ the same remedy internally against disease invading the mucous surface of the hollow viscera. Accordingly, we find that ample testimony is afforded to the efficacy of the nitrate of silver in certain morbid conditions of the mucous coat of the stomach; but no English writer, Copland excepted, (*Dictionary of Medicine*), sanctions its employment as a therapeutic agent in morbid conditions of the mucous surface of the intestinal tube. The author's object in the present communication is to adduce such testimony in favour of its sanative power in these affections as may stimulate further inquiry into the action of this salt in certain ob-

stinate forms of diarrhœa and dysentery, which occasionally resist the action of the most esteemed remedies wielded in the ablest manner.

Boudin (Gazette Med. No. 51, 1836,) physician to the Military Hospital at Marseilles, treated fifty cases of typhoid fever (dothineritis,) in most of which severe diarrhœa was the most prominent feature, with the nitrate of silver thus: When the lower portion of the intestinal tract was presumed to be the seat of ulceration, enemata, containing from one to three grains, dissolved in distilled water, were administered. In most cases one enema sufficed, the symptoms undergoing speedy amelioration. In other cases the remedy was given by the mouth, in half-grain doses every half hour, [?] formed into pills with gum tragacanth, or starch, until from two to four grains were thus taken. In some instances these two modes of treatment were combined; the results were that only two of the fifty cases succumbed. Examination showed "many ulcers" on the mucous membrane in a case of incipient cicatrization—*en voie de cicatrisation.*" There was evidence of the solution administered per rectum having passed the ileo-cæcal valve, and producing effects on the lower portion of the ileum, precisely similar to those resulting from its action on the surface of the colon.

Kalt confirms Boudin's statement, having treated twenty two cases of dothineritis with the nitrate of silver. Of these one died. He gave it in mixture (grs. ij to vj. in decoct. salep. oz. vj); a tablespoonful of which was taken every half hour, or hour, according to circumstances.

Hirsch of Königsberg (Hufeland's Journal) found the nitrate of silver to succeed in obstinate cases of diarrhœa on the failure of ordinary remedies. It proved specially useful in the diarrhœa of newly-weaned infants. In "the advanced stage of such cases, when emaciation was extreme, the dejections being frequent, fetid, and consisting of a variously coloured, sometimes greenish, or bloody mucus, and wanting altogether the fæcal character; when aphthous ulceration pervaded the mouth, and when prostration was extreme, the action of the nitrate was brilliant." He gave it to children thus:—

℞ Argent, nitrat, crystall.	gr. ½,
Aquæ destill.	3ij,
Gum mimosæ,	ʒij,
Sacch. albi,	3ij. Misc. Ft. mist.

A teaspoonful of this mixture was given every two hours, and an enema, containing a quarter grain of the salt, with mucilage and a little opium, was administered. The good ef-

fects of this treatment were occasionally visible in a few hours, sometimes not until the second day. He pronounces it a specific in the diarrhœa of infants. He found it almost equally efficacious in severe forms of diarrhœa and dysentery occurring in adults. He administered it to the latter in pills, in doses varying from one-twelfth to one-twentieth of a grain every two hours. For this purpose he recommends liquorice powder as preferable to the vegetable extracts which affect its decomposition. He also gave enemata, containing half a grain, with mucilage and opium.

Canstatt also extols the nitrate of silver as prescribed by Hirsch in the diarrhœa ablactatorum.

Since the author became acquainted with Hirsch's observations, opportunity presented for testing the powers of the nitrate of silver in a severe case of diarrhœa occurring in a child of a year old. Vomiting and purging set in, and continued with almost unabated intensity for five days. The stomach at length retained fluid in small quantities but the purging continued. Chalk mixture, kino, opium, and acetate of lead were tried, and all, with the exception of the last, seemed to increase the irritation. The dejections were frequent, greenish, sometimes bloody, and very fetid. On the sixth day prostration was very great; there was a tendency to stupor, and quantities of greenish mucus were voided. Under these circumstances he gave the mixture as prescribed by Hirsch. The first dose seemed to increase the discharges; however, in about six hours, the character of the dejections was improved, they became feculent, and every symptom underwent a corresponding improvement.

Should the foregoing observations induce practitioners in this country to subject the action of the nitrate of silver in diseases of the mucous surface of the intestines to a more extensive trial, they may arrive at results confirmatory of those already obtained by the authorities which the author has quoted, and thereby extend the application of an agent of great therapeutic energy to forms of disease occasionally so intractable as to baffle the powers of ordinary remedies.—*Dublin Med. Press.*

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*Vomiting in Pregnancy.* By M. TROUSSEAU.

M. TROUSSEAU, in one of his recent clinical lectures, took the opportunity of stating the great advantage he had seen accrue from the mode of treating obstinate and dangerous vomiting during pregnancy, adopted some years since by M.



Bretonneau. It first occurred to that practitioner, owing to the fact of his patient suffering from violent uterine pain, for the relief of which, believing the vomiting to depend upon its presence, he ordered a *belladonna* lotion to be applied to the hypogastric region, and with the effect of removing both the pain and the vomiting. In subsequent cases the remedy proved as efficacious, although no pain was felt; and he explained its operation upon the supposition that the vomiting was then sympathetic of irritation of certain of the nerves of the ganglionic system only, produced by the enlargement of the uterus. However this may be, many others have adopted the practice with like success.—*Gazette des Hop.*, 1848, No. 1.

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#### SURGERY.

*Case of Tumor of the Neck, Simulating Aneurism of the Carotid Artery.* By James Syme, Esq.

“About a month ago, a young man called upon me to get my opinion of a swelling in his neck. It was seated on the right side, and occupied the upper triangular space. It was of an oval form, quite circumscribed, and obviously consisted of a bag containing fluid. Upon more particular examination, I found a distinct pulsation of the kind which I had been accustomed to regard as characteristic of aneurism, being expansive and impulsive, not limited to a portion of the tumor, but felt equally at every accessible point, even from the mouth, and more especially in a lateral direction. The patient stated that the swelling had commenced in the beginning of the present year—that is, about nine months ago—and had progressively enlarged without any cause that had been ascertained. He also stated, that when he worked hard or walked fast, the tumor increased in size, and had a strong beating in it. I felt satisfied that there was an aneurism of the carotid artery, but expressed no opinion at the time, and desired the patient to call again for further examination.—When he did so, I varied the process by placing him in different positions—by trying the effect of pressure on the tumor and artery—and by listening to the sounds of the tumor.—There was no distinct aneurismal ‘bruit,’ but a very strong, loud pulsation, that implied the action of the heart upon an extensive surface. Finding my impression thus confirmed, I informed the patient of my apprehension; but, before giving a decided opinion, requested that he would call once more.—He did so a few days afterwards, and I then felt fully war-

ranted to inform him that an operation would be requisite for his relief. Next day he placed himself in my hands for this purpose, and was admitted into the Minto House private hospital. After he had been confined to bed for a few days, I tied the artery below the crossing of the omo-hyoideus, as the tumor prevented this from being done higher up. The textures of the neck were more than usually adherent, and the vessel was not exposed to view with nearly the same facility as upon the former occasions, which have required me to perform the operation. I nevertheless succeeded without any tearing, or undue disturbance of the parts, in passing and tying the ligature, so as to relieve me from the slightest apprehension of any bad consequences. The tumor immediately sustained a very distinct diminution of bulk, which was remarked not only by the gentleman present, but by the patient. He went on most favorably after the operation until the fifth day, when hæmorrhage took place from the wound, which notwithstanding every effort to effect prevention, recurred from time to time until the evening of the twelfth day, when it proved fatal.

"The parts concerned were examined next day. A tumor was found extending from the ear to the extremity of the omo-hyoideus, and completely occupying the upper triangular space of the neck. At the lower part it seemed to terminate in the sheath of the vessels, which looked like a prolongation of it downwards, but was found to be merely enveloped by a bag, which I dissected out entire from the coats of the vessels to which it had intimately adhered. The cyst, when opened, was found to possess a tough consistence, and to contain a fluid like thin gruel. At the posterior part, when viewed internally, it displayed a sacculated or honeycomb-looking structure."

[The preceding case reminds us of a somewhat similar one which came under our observation a little more than two years since, and which, we believe has not been published. The patient, a young man from Ashtabula county, Ohio, presented himself before the faculty of the Willoughby Medical College, for the treatment of what was supposed to be an aneurism, situated upon the top of the left shoulder. He seemed in good health, but there was a haggard, anxious expression of countenance and hesitancy of gait quite painful to witness. The whole shoulder was enveloped in a large clay cast, to prevent, by its pressure, a sudden rupture of the

sac. The poor patient led a miserable life, in the constant dread of death from hemorrhage.

On removing the dressings, a large tumor was seen extending from the left clavicle to the spine of the scapula. It evidently contained fluid, and on placing the hand upon it a distinct pulsation was perceptible. This was more marked near the sternal end of the clavicle. Prof. TROWBRIDGE, our experienced professor of surgery, to whom the case was confided, was in doubt as to its true character. He inclined to the opinion that a communication existed between the sac and the subclavian or common carotid artery. After making due preparations for a serious operation, Prof. T. proceeded, as Mr. Syme probably will in the next case, where there is room for the slightest doubt, to make a minute puncture into the posterior portion of the sac, by way of exploration. To our great satisfaction the contents were found to be only a yellowish fluid, and not blood. The walls of the sac were freely divided, the cavity emptied, means taken to prevent its filling again, and the patient sent home freed from his load of clay, and as happy a man as one need desire to see. Since that time we have heard nothing of the case.—*Ed.*

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### *Treatment of Partial Deafness.*

Sounds transmitted by contact of the sounding body directly to the head appear louder when the external meatus is closed. Thus, place a tuning-fork, while sounding, in contact with the middle of the top of the head, with the ears open, and it will be heard only faintly; then close the external ears, and the intensity of the sound will appear much greater, indeed almost doubled. If one ear only be closed, the intensity of the sound in the shut ear will appear so much greater, that the sound seems chiefly to be heard in that ear, and this to a remarkable degree; for even if the tuning-fork be applied to the head close to the open ear (provided it does not touch the external auricle,) the sound will appear to travel over to the opposite ear, the meatus of which is closed. We can even trace, by our sensations, the way which the sound seems to take to gain the opposite side. When the tuning-fork, for example, is applied to any part of the skull, at a little distance from the open ear, the sound will appear to travel over the



top of the head ; but when applied close to the open ear, that is, towards the base of the skull, it seems as if the sensation of the vibration passed through the base to gain the opposite side.

Professor E. H. Weber, of Leipsic, to whom we owe an accurate description of this phenomenon, attributes the increase of sound to the resonance of the confined air of the meatus and tympanum, or to the vibrations established in this column of air, rendered a separate system in consequence of its enclosure.

In making similar experiments on persons deaf of one ear from affection of the tympanum or Eustachian tube, the unexpected circumstance occurred, viz., that the sound of the tuning-fork applied to the head appeared, as in the experiments on closing the meatus, much the loudest in the deaf ear. This may not occur in all, but in four out of five such persons in whom I have made the trial, the result was as I have now stated it ; and it can scarcely be held that this greater intensity of sounds felt through the deaf ear was merely the effect of its being unusual.

In almost all those in whom I have tried the experiment, sounds of vibrating bodies applied to the hard parts of the head, like those vibrating in the external ear, appear louder the nearer the place at which the sounding body applied is to the seat of the hearing. This every one knows is the case with the ears open, and it may be ascertained with great ease when the ears are plugged, by the comparison of any sound of uniform intensity, such as the ticking of a watch, or sound of the tuning-fork applied at different parts of the head.

It seems surprising, considering how long it has been known that in some deaf persons the hearing of sounds is improved by promoting their transmission through the bones of the head, that an apparatus, calculated to facilitate this mode of communication of the sonorous vibrations, has not been employed in place of the ear-trumpet, which can be of comparatively little service to them. The experiments which I have made upon the partially deaf, lead me to divide them into two classes, according as their hearing is in the one set most perfect through the meatus or in the other through the bones of the head, a difference which may at once be ascertained by means of the tuning-fork. In those hearing best through the hard parts of the head, it has long been known that the air-passages, or accessory parts of the organ, principally are affected. In those partially deaf persons, on the other hand, who hear best by the meatus, it appears very

probable, that in general an affection of the internal ear, or loss of sensibility of the auditory nerve, is the cause of deafness.

In these last the ear-trumpet is of essential service, by all the weaker vibrations in the passage which is to carry them to the nerve, whose sensations are deadened. In the former the meatus should be closed, and every means ought to be used, as by sounding-boards to collect, and solid elastic rods to conduct, the vibrations to the hard parts of the head.  
—*Monthly Journal*.

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*Successful removal of an ovarian tumor complicated with pregnancy.*  
By H. E. BURD, Senior Surgeon to the Salop Infirmary.

The patient was a woman about 25, the mother of three children. The history of the case, and character of the tumor, showed it to be ovarian disease. The measurement over the umbilicus was 45 inches, and from the ensiform cartilage to the pubes 22 inches. Her dyspnœa was urgent, and she was unable to lie down. There was nothing to indicate the existence of pregnancy. It is unnecessary to describe the mode of performing and the steps of the operation. Notwithstanding the extent of the incision, it was found necessary to pass a trocar into the largest cyst; from which three gallons and a quart of fluid were drawn off, reducing the tumor to a convenient size for passing through the aperture. On drawing the tumor forward, so as to examine its pedicle, the uterus was brought into view in a gravid state, and was supposed to have reached the third or fourth month of pregnancy. The operation was performed on the 15th of September. On the 17th abortion took place; the labor was easy, and the child was born alive. No hemorrhage ensued, and the woman bore her labor better than could have been expected. The frequent occurrence of collapse was the most important and alarming symptom after the operation, requiring opium, ammonia, and brandy. The absence of peritoneal inflammation was remarkable. On October 8th, three of the ligatures came away. On November 6th, the wound was quite healed, and the patient able to walk about.

## PATHOLOGY.

*Rupture of the Interventricular Septum of the Heart from external violence ; by H. J. CARTER, ESQ., Assistant Surgeon.*

The subject of this case (which we believe to be unique) was a robust, well-formed Parsee, about 40 years of age, who was knocked down and run over by a four-wheeled vehicle, and died just forty-eight hours after the accident, of the injuries he had received. On examining the body, the injuries at first appeared to have been superficial merely ; there was no abnormal condition of the brain or of its vessels ; and the immediate cause of death seemed to have been congestion of the lungs, the substance of which was fragile, and exuded much frothy blood on pressure. The connection of this condition with the external violence was not made manifest—there being neither fracture of the ribs nor anything beyond capillary congestion of the pleura—until, on laying open the heart, an aperture was found, about three quarters of an inch in diameter, close to the apex of the interventricular partition. This was not circular, but narrow and irregular, with bevelled edges, which were neither polished or fibrous (as in congenital deficiency of the interventricular partition,) nor raised or defined (as the edge of an ulcer,) but were soft and pulpy, like the edges of a wound in which the first stage of the healing process has commenced, and were whiter than the muscular tissue in which it was situated.

It can scarcely be questioned that this aperture was occasioned by external violence ; though the precise manner in which so strange a lesion was effected is scarcely explicable. It is much to be regretted that no account has been preserved of the symptoms exhibited after the accident.—*Transactions of the Medical and Physical Society of Bombay*, No. 8.

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MATERIA MEDICA.

*On Muriate of Opium.* By J. G. Nichol, M. D., of Crook, Durham.

During the last ten or twelve years, I have made and prescribed a solution of opium, which I think is not mentioned in any work on *Materia Medica* with which I am acquainted.—I use powdered Turkey opium and water, pretty strongly acidulated with muriatic acid. I have found, by experience, that this is the best anodyne I am acquainted with. I see by Dr. Pereira's *Materia Medica*, that mention is made of Dr. Porter's solution of opium in citric acid. I made and used the



same sort of preparation ten years ago, but it did not answer. It caused a great deal of headache, and other unpleasant symptoms; moreover, it became muddy, and appeared to be decomposed; therefore, I gave up using it. I have called this preparation of mine Muriate of Opium, but perhaps it is not a very correct name. I may mention that I prepared solutions of opium with acetic, nitric, sulphuric, citric, tartaric, and muriatic acids, and also prescribed them, but the muriatic solution was vastly superior to any one in every respect.—All of them produced *headache* with the exception of the *muriatic*. I prefer muriate of opium to the tincture, wine, or powder of opium, and also to the muriate and acetate of morphia; in fact, to any other preparation of opium. It never makes my headache, but all the other preparations do.

My preparation is made according to the following formula:

Take of The best powdered Opium, 3j.

Muriatic Acid, 3j.

Distilled Water, 3xx. Mix.

Shake this mixture very frequently every day, during fourteen days, then strain and filter. The dose is from twenty to forty drops, according to circumstances. Many of my medical friends have tried this preparation, and they highly approve of it. I have taken the liberty of sending you a small quantity as a specimen.—*Pharm. Journal*.

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M. MARCHAL (DE CALVI) on *Iodized Oil*.—This preparation has superceded the other forms of iodine at the Val-de Grace. M. Marchal, reasoning from the fact of the virtues of cod-liver oil being due to the small portion of iodine it contains, concluded that a far more useful preparation of this substance than the iodide of potassium is found to be, might be made by combining it with an organic body. In this way a more complete assimilation of the substance, or, at all events, its longer retention in the economy, might be secured. He chose an oily body, because this forming an emulsion with the bile, would allow of the substance being digested in the small intestine, and enable the stomach to become relieved of its presence. In this way far larger doses can be administered, if requisite, without irritating the latter organ; while the iodine is eliminated by the urine much more slowly and in less quantities than is the case with the iodide. The trials which have been made are very satisfactory in their results, the progress of the cure of buboes and other glandular enlargements being much expedited. The iodine is dissolved in fresh almond oil

as wanted, in the proportion of 1 part to 15; and this is afterwards worked up into an almond emulsion. The minimum dose is one grain.—*Gazette des Hop.*, 1848.

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#### FORENSIC MEDICINE.

*Fatal Wounds of the Uterus, with tearing away of the Intestines, not productive of immediate death; by M. TARDIEU.*

A horrible case which recently came before the French tribunals, and upon the medico-legal bearings of which the author was consulted, together with MM. Orfila and Cloquet furnishes the subject of this paper. The violence in question was committed by a peasant on the person of his wife, seven months advanced in pregnancy. The evidence showed that the woman was heard supplicating and reproaching her murderer, *three quarters of an hour* after large portions of her intestines had been seen in the yard, having been thrown there by him. The fœtus found in the bed had breathed. On examining the body, no traces of external violence were observable. A large quantity of fluid blood was found in the cavity of the abdomen, extensive lacerations of the vagina, uterus, and peritoneum existing, the ragged edges of the parts showing that a cutting instrument had not been employed. The whole of the intestinal canal, from within 50 centimetres of the pylorus to 8 centimetres from the ileo-cæcal valve, had been torn away, a portion of the highly-injected mesentery remaining.

The question discussed by the author is, whether the subject of such dreadful injuries could retain consciousness so long as she is deposed to have done; and he lays down the proposition, "That immediate death does not necessarily follow the severest lesions of organs the most important to life; and the functions of relation may persist for more or less time, even when the wounds implicate the brain, heart, or lungs." Every surgeon, he observes, is aware that the most severe injuries may be inflicted upon the *brain*, without the patient always immediately losing his consciousness or power of speech; and M. Bayard has collected in a memoir, (*Annales d'Hygiene*, vol. xxvi.) several cases in which the individual was enabled to talk and walk for hours, and even days after the accident. The same remark may be made with respect to wounds of the *lungs*, and, what is more surprising, of the *heart and the large vessels*. M. Tardieu met himself with a case, in which a young man, whose heart had been largely opened with a pon-

iard, lived a quarter of an hour, and talked to the last; and, in a recent murder in Paris, although the heart, lung, and stomach were pierced through and through, the victim descended one staircase and ascended another before he expired. In the present case it might be supposed that immediate death would result from hemorrhage produced by the opening of so many of the intestinal vessels; but no fact is better known than that wounds produced by tearing do not give rise to immediate hemorrhage; and, in the present case, the muscular and mucous tunics, in which the vessels are principally distributed, were found notably retracted. The blood, too, found in the abdomen was fluid, while, if it had been effused before death, a portion would have been found coagulated. Always, when death is produced from wounds of the heart or principal vessels of the abdomen, large coagula, swimming in the sanguinolent serum, are found in the cavity.

Cases analogous to the one in question are on record. Suicides have given issue to the abdominal viscera, without immediate death resulting. M. P. Dubois mentions the case of a chemist, who removed a large portion of the mesentery with a knife and recovered. Delmas, of Montpellier, relates one of a waggoner, who, after a complete laceration of the intestine, and the rupture of the spleen and diaphragm, finished his journey, dying only 18 hours afterwards. In illustration of this point, the observation of Dr. Gestin, of Quimper, may be adduced, that the horses in bull-fights continue their course after the most frightful wounds and eviscerations. In respect to the *uterus* itself, M. Dezeimeris, in his essay on rupture of that organ (*Journal d'Experience*, tom. iii, p. 241,) cites fifteen cases, in which, in spite of extensive lacerations, hemorrhages, passage of the child into the peritoneum, &c., the women have survived for various periods, varying from an hour to six weeks. Writers on midwifery, too, give cases in which the intestines protruding through the uterine wound have become strangulated or gangrened, and yet the patients have remained sensible at least for several hours, some having even recovered. To come to cases more resembling the present, M. Tardieu cites one in which a pupil tore away the uterus itself, the woman uttering frightful cries, and living several minutes after. In another similar case she lived two hours, and in a third half an hour. Mauriceau relates a case in which the intestines, mesentery, and uterus were torn away, the woman living an hour.—*Annales d'Hygiene, in Med. Chirurgical Review*.



## PART FOURTH.

## BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1.—*Proceedings of the OHIO STATE MEDICAL CONVENTION, held at Columbus May 18, 1848—pp. 22.*

Although it is now nearly three months since the above convention was held, the minutes of its proceedings have but just come to hand. The convention, owing in a great measure to a failure in giving the usual notices, was thinly attended, but its proceedings were marked by harmony and good feeling, and were of an interesting character. Several papers were read, which are published in the appendix to these proceedings. We should be glad to republish them all, did our limits permit. We can only find room in the present No. for the excellent report of PROF. MUSSEY upon ether and chloroform.

The paper by Dr. Mendenhall on the "protective power of variola vaccina," will richly repay a careful perusal. He pursues the enquiry under the following heads:

1. Is vaccination a preventive or prophylactic against small pox?
2. If so, will time or any circumstances modify the state of the system, so that the protection may be lost, partially or entirely?
3. If the lapse of time or other circumstances removes this protection, can they have this effect invariably?
4. If circumstances cannot invariably remove the protection, and yet do so in some instances, what is the law respecting it?
5. Is there any *safe* and *convenient* test by which we may determine whether or not the system is protected?

Dr. M., answers the first question as follows:—"The evidence on this point is so ample that I think we are warranted in concluding that recent vaccination affords nearly or quite the same protection that small-pox itself does—in the exceptional cases the attacks always being very light, and producing little inconvenience, and never endangering life; the disease being shorn of its terrors."

The answer to the *fifth* question is equally explicit. The "safe and convenient test" is *re-vaccination*. "It is not only a test of the previous condition, but it also at once affords the protection desired in those cases where it had not existed previously."

These, and the other questions proposed, are discussed with candor and impartiality, and the conclusions are legitimately drawn. The opinions expressed have been formed from the extensive personal observation of the author, during twelve years; a portion of which time

he "officiated as one of the Physicians of the Cincinnati Dispensary and Vaccine Institution, who vaccinated about three thousand persons." Other sources of information were carefully examined.

Dr. McIlhenny of Greene Co., also contributed the report of a very interesting case of encephaloid disease of the kidney. The obscurity of this disease is often such, that a history of its symptoms and progress has a peculiar value.

We hope that a much larger number of physicians will be present at the next gathering, and that each one will feel that he has something to do and say.

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REPORT upon *Ether and Chloroform*. By R. D. MUSSEY M. D. Prof. of Surgery in the Ohio Medical College, &c.

It is not surprising that the announcement of the wonderful effects of the inhalation of Ether in producing insensibility to pain, should have been received by many Medical men with a degree of incredulity, and its employment entered upon with hesitation, and prosecuted with vigilance and care. It was natural to regard an agent which could, in a few moments, cut off the communication between the brain and its nerves, as not without danger; and it was only by cautiously feeling our way, that some of us have been established in the belief of its utility.

I have employed etherization in the amputation of all the members belonging to the human body in operations for phymosis, in various applications of the actual cautery, in the excision of tumors, in lithotomy, and in the reduction of dislocations.

In a great majority of the cases, the sensibility was diminished; and in many of them it was suspended. And in a small proportion of them, the sensibility if not exalted, was evidently not less than natural, while the patients were rendered less controllable than ordinary, by the influence of the Ether. In most instances no unpleasant effects followed the etherization. This could not be said of two cases of amputation of the thigh.

In both of these cases, the patient felt no pain at any period of the operation; and both were very comfortable for half an hour afterwards. After this, pain came on in the stump, and increased to an intense agony, which lasted with very little mitigation—in one case, about 24 hours, and in the other, for 36 hours; and this, notwithstanding very considerable doses of morphine were given. The pulse in the first case was, for several hours, 130 and upwards; and in the second case, 155 a great part of the 36 hours; and I verily thought we should have lost this patient, but the system at length rallied; and he recovered. I could not attribute these terrible sufferings to any thing peculiar in the constitution or habits of the patient, nor to any defect in the operation, or the dressing of the wounds.

In two cases of lithotomy the ether was inhaled, but in neither was the patient brought fully under its influence. The amount of pain was but little, if at all diminished; and both patients would, I believe, have done quite as well without it, although there were no unpleasant consequences that could be attributed to its influence.

In a case of dislocated shoulder of four days standing, in an athletic man of about 40 years of age, the ether was the only agent employed in addition to the pullies for relaxing the muscles. The reduction was accomplished in between 20 or 30 minutes, and, although the patient was perfectly conscious and able to converse during the whole process, he steadfastly alleged that he felt no pain.

A vigorous Irishman got his hip dislocated, and was brought into our Hospital. Blood-letting, the extreme warm-bath and tartarised antimony were employed a little short of 24 hours after the injury was inflicted. Extension was continued for about an hour, when the ethereal inhalation was commenced, in 4 or 5 minutes the patient fell into a sound sleep; and in from 5 to 10 minutes more, by estimation, the hip came in place. The muscular relaxation which was not complete under the other means, was fully accomplished in a few minutes by the ether.

#### CHLOROFORM.

Soon after the announcement of Dr. Simpson's experiments with chloroform had reached us, we proceeded to try it without hesitation. I have employed it in *thirty-eight* surgical operations, and have seen no unpleasant sequel in a single instance. I have used it in operations for the removal of tumors, in hydrocele, stricture of the rectum, fistula in ano, do. in perinaeo, in strangulated hernia, in the application of the actual cautery to cancer, do. vesico vaginal fistula, in castration, and operations for phymosis, in amputations of the larger limbs, the fingers and toes, removing the toe-nail, in plastic operations, and in lithotomy. In some of the fore-mentioned operations, the pain is horribly severe without some influence to diminish or suspend the sensibility. There was no case in which sensation was not materially lessened, and there were many in which it was entirely extinct. In many cases, consciousness as well as the sensibility, was wholly suspended; in others, consciousness remained through the entire operation, while the patient felt no pain. During the whole period of an operation for a large strangulated hernia, the patient was fully conscious, but had no pain. When he was being removed from the operating table to his bed, he remarked, "*this Californ is a grand discovery.*"

A patient to whom the actual cautery was applied, states that it caused no pain, but a sensation of grateful warmth in the part.

In three cases of amputation of the thigh, there was neither pain nor consciousness at the time of the operation, nor for 8 or 10 minutes afterwards, in one case. The patient, a young man, lay breathing naturally and with a good pulse. Cold water repeatedly dashed in the face, did not rouse him, but under the application of the volatile alkali, he immediately awoke, and was not sleepy afterwards.



In no case after amputation of the lower or upper limb, was there an uncomfortable degree of pain, such as occurred after amputation under the influence of ether.

A boy of 12 years, had a small tumor within the upper eyelid that required removal. He was afraid of cutting instruments, and consented to an operation, only on condition that he might breathe the chloroform, when a handkerchief containing a few drops of it was brought near to his face he drew back, and utterly refused to inhale it, alledging that it would kill him. He was then seized and held by main strength while the handkerchief was held upon his face. Three inspirations only affected him sensibly; and he cried out, "I am dead," and sunk insensible upon the sofa; at that instant the tumor was seized and snipped away. In two or three minutes he awoke, and was as if nothing had happened.

A boy of 8 years old, having suffered for four years with symptoms of stone in the bladder, was put upon the operating table and inhaled the chloroform. In 4 minutes he seemed insensible. The operation was completed in a few minutes, and when awake he was not conscious of having felt pain nor of having had an operation performed upon him. From that moment onward, he was quite comfortable during the whole period of his convalescence.

A boy 12 years old, with stone in the bladder, was brought from a distance for an operation. He was exceedingly timid and difficult to control. But after having been by force secured upon the operating table, he was desirous to inhale the chloroform, and enjoined it upon me not to begin to cut till he got asleep. In two or three minutes after commencing the inhalation, I observed his eyelids drooping a little, and asked him if he felt sleepy. He replied in the affirmative; and repeated the request that I would not begin till he was asleep. Presently his eyelids fell together, and the muscles of the limbs were relaxed. I proceeded to operate, and in a few moments, a stone of 280 grs. weight, was extracted. When the operation was over, he opened his eyes, and repeated the injunction, "Doctor, don't begin to cut till I get to sleep."

I repeat the remark, that in none of my cases, have I witnessed unpleasant or injurious results from inhalation of chloroform; and in most cases I prefer it to ether on several accounts. It requires much less of the article and is more sure to produce the requisite degree of insensibility to pain; it does this in considerably less time on the average, and passes off in a shorter period. It causes less cough in being inhaled, and agitates less the voluntary muscles. Sometimes, however, a rigidity of the muscles exists while consciousness is suspended; and when the object is to effect a great relaxation of the muscles, as in operations for the reduction of dislocations, perhaps it is less to be relied upon than ether.

The horizontal position of the body, an empty state of the stomach, and the inhaling small quantities at first, are circumstances worth keeping in mind in the administration of it.

Mrs. Simmons, who died at a Dentist's office, in Cincinnati, had a considerable quantity of undigested materials in her stomach, was in a

sitting position, and made from twelve to fifteen deep inspirations from a large inhaler, copiously supplied with chloroform, and received by far too large a proportion of it composed with the atmospheric air inhaled. Hannah Greene, the patient of Mr. Meggison, near New Castle, England, had her stomach full of food; and was in the sitting position during the inhalation.

Experience teaches us that patients may be kept for a long time without injury, under the requisite degree and influence of this agent.

In a plastic operation, which I undertook to remedy, a great deformity of the face and neck occasioned by a burn in childhood, which was necessarily prolonged by the extent of the surface involved in the injury, and from hæmorrhage, the patient, a young man of twenty-one years, by inhaling a small quantity at intervals, was kept for more than an hour so far under its influence, although some part of the time conscious, as to be shielded against suffering. After the operation was completed, he declared he had not felt pain. No unpleasant symptoms followed.

On the whole, I regard the inhalation of chloroform for surgical operations, administered with due precaution, as entirely safe; and I look upon it as a boon of inestimable value, presented by chemistry to our profession under the guidance of a kind Providence.

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2.—*The MEDICAL STUDENT'S VADE MECUM—Manual of Examinations upon Anatomy—Physiology—Chemistry—Materia Medica—Surgery—Obstetrics—Practice of Medicine (including Physical Diagnosis and Diseases of the Skin)—and Poisons. Second Edition—Revised and greatly enlarged.* BY GEORGE MENDENHALL, M. D. Lecturer on Pathology in the Medical Institute of Cincinnati; Member of the Philadelphia Medical Society, &c., pp. 574, 12 mo. Philadelphia, Lindsay & Blakiston, 1847.

We are no believers in a "royal road" to any kind of learning; still, the common road has been, and may be, in many instances, immensely shortened and improved. French, Latin, Italian, and German, are now, if you will believe it, each thoroughly taught in *six easy lessons*; nay, more, a *Professor* called into our sanctum the other day and gravely offered to teach us, or any body else, to pronounce perfectly and read with facility, German or French, in *one lesson of one hour*, and all for—*twenty five dollars*—and assured us we would never forget—whether the money or the Dutch we didn't inquire.

The amiable author of the work before us does not profess to have discovered a *short cut to Physic*. His object is not to give a complete system, which will take the place of more extended works, but to furnish the student with a remembrancer to enable him "to fix more firmly upon his memory what he has read and heard; as well as to enable him properly to arrange his knowledge so as to use it in the most advantageous manner." The subjects are sufficiently stated in the title. The

mode adopted, that of question and answer, though open to some objections, is, perhaps, on the whole, the best, taking into account the subjects and the usual method of pursuing them. The interest of the student in a dry detail of facts, is, we think, better sustained than it could be without the questions, and this is a sufficient answer to all objections on that score.

The author has aimed to be as concise as possible, so as to convey the greatest amount of information in the fewest words, and in our opinion, he has succeeded admirably.

If used according to its design, we know of no work, of its size and scope, that will be found more useful to the medical student, and to such we cordially recommend it.

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3.—ELEMENTS OF GENERAL PATHOLOGY, by ALFRED STILLE, M. D.—*Lecturer on Pathology and the Practice of Medicine in the Philadelphia Medical Association, etc.*—Philadelphia, Lippincott & Blakiston, 1848—pp. 483, price \$1.25.

This work is one of a series in the process of publication, styled "The Medical Practitioners' and Students' Library." The enterprising publishers propose to issue, at intervals of about two months, similar works on all the elementary and practical branches of medicine, and at about half the usual prices. The first of the series was "The Principles and Practice of Midwifery," by David H. Tucker, M. D.; the second is the work under consideration. One on the Diseases of Children, by Dr. Meigs, and another on General or Microscopical Anatomy, by Dr. Smith, are announced to follow.

We are much gratified, that, thus far, every number is American. This everlasting republication of foreign books, with perhaps a few notes and annotations, will never create for us an American Medical Literature. We have men among us, as every year proves, as capable, to say the least of it, of writing practical works for the use of American physicians, as any foreigner can be. What Frenchman, Englishman, Irishman or German, could have written Wood's Practice of Medicine? It is to be hoped that while we pay all due respect to our foreign brethren—while we translate and circulate their works among us, we may depend, more and more for the substantials, the practical treatises which we put into the hands of our students, upon our native authors.

Dr. Stille has supplied a want which we, at least, as a public teacher, have long felt. The only work of any extent, which at all supplies this want in an accessible form, is Williams' Principles of Medicine, which, though it contains much that is valuable, is somewhat different in its scope from the one before us.



The Introductory Essay on Medical Truth—its nature, sources and means of attainment, is finely written and contains much important truth. The author's views upon the mode of studying medical facts, and his defence of what has been called the "Numerical System of Observation," are so just, or rather so nearly in accordance with our own, that we cannot forbear from making an extract or two:—

"The primary object of all medical investigation is, to distinguish diseases from one another. It is evident that all discussions about any disease, are utterly futile, so long as it is not agreed in what it differs from all other diseases. That there *are* various diseases, results from the most trivial and vulgar observation. The records of medicine in their most imperfect state, recognise the same fact, and it is employed as the very foundation of every treatise upon medical art. Consequently, in proportion as observation is minute and accurate, will each disease be exactly defined and separated from others which have a greater or less resemblance to it. Thus, formerly it was not considered possible to distinguish pleurisy from pneumonia; but a more rigorous investigation employed in later times, enables us to diagnosticate these affections with almost absolute certainty. Formerly there were united under the common name of inflammation of the brain, what are known now to be distinct affections; under the name of cardiac palpitations, diseases as widely different as organic and functional alterations: so, too, of continued fevers, and other affections. The power now possessed of discriminating between maladies which were once confounded, to the great injury of the science and all rational therapeutics, has been entirely conferred by a system of close and methodical observation, by series of cases reduced to writing, and analysed, as nearly as possible, with mathematical rigor. It is affirmed, that the results already obtained are to be regarded, not as absolute and final, but only as provisional; not as the best possible, but only as the best for the time being. The correctness of *the method* is alone asserted to be positive, and beyond dispute. \* \* \*

"Three precepts may therefore be laid down as fundamental, and essential in all researches after medical truth: 1st. That the cases must be observed and recorded honestly, minutely, and fully. 2d. That they must be very numerous, the more so the better. 3d. That they must be comparable. It is very true that these conditions are not easily fulfilled; the labor, the humiliation of intellectual pride, the length of time, the weariness of a pursuit so nearly mechanical, are all obstacles in the way, and not easily surmounted. But there is no royal road to truth!

But it may be objected that this pretended exactness is useless; that it makes no difference whether a disease is said to be mortal 90 times in a hundred, or that it is almost constantly mortal; whether the numerical form of expression, or the adverbial is employed, the result is the same, an approximation to the truth only is attained; for the proportion may vary with the next series of cases observed, and the numbers used represent nothing absolute or certain. The numerical method, it may be replied, is superior to the other, for the same reason that the best of everything is better than what is merely good, even when the best is imperfect. The method we recommend is acknowledged to be imperfect, but it is preferred as being *less* imperfect than others; its results are, indeed only approximative, but they approach nearer to truth than those obtained by any other plan whatever; it is certainly liable to abuse, but

much less so than any other method, for it is much more probable that a man should assert a falsehood than commit a forgery; that he should say I *have* seen, when he had not, than that he should take the trouble of fabricating a series of cases which never existed. The question is not how shall we discover a perfect, absolute, and unerring instrument for revealing to us the laws of disease, and certain rules for their cure; that were as possible as to predict the exact shape, dimensions, and duration of the leaf which is forming under the warm breath of spring. We may, indeed, foretell its general shape and size, the probable period of its fall, and its characteristics as the leaf of a particular species or variety of tree, but not its individual characteristics. Yet no one contests the claim of Botany to be called a science. The same thing is true of Medicine. So long as man is human, will our science be uncertain, simply because it has to deal with ever varying elements; and, therefore, when a plan is proposed for improving it, it is no sufficient objection that the plan is imperfect. If it can be shown to be superior to any other that has yet been employed, there is abundant reason for adopting it, even though it should condemn much that we have been taught to admire, and confute many things we have been accustomed to believe.

Exact observation and numerical analysis, in the several occasions for their use, are productive of results by no means uniform in value. The laws of the physical sciences are certain, just in proportion as the phenomena from which they are derived are simple and uniform. On this principle we placed Astronomy at the head and Medicine at the foot of the list. There are various degrees of certainty in the several departments of Medicine, and, for the same reasons, viz: the more or less complication, and the more or less variableness of the phenomena belonging to them. The simplest and most positive of all is Pathological Anatomy. It may, at first sight, seem strange that this, one of the newest departments, should yet be the most perfect. But the reason is evident. This branch of medical science is concerned exclusively with matter, organized indeed, but dead, and susceptible of hardly any changes which cannot be readily explained. Form, dimension, color, and consistence, are the few elements to be studied; *all* of them cognizable by the senses, and capable of being measured, that is, estimated by comparison with some fixed standard. We have our measures of length and capacity for some of them, and familiar hues, and well-known solids or fluids to compare with others. It is no wonder that with elements so easily valued, and with such cultivation as it has received during the last forty years, Pathological Anatomy should be well nigh exhausted, so far as the grosser solids of the body are concerned, and that those who labored most to advance it, should now be turning to investigate the fluids of the economy; and, armed with the microscope, to extend their researches into the minutest recesses of organized matter. It is easy to see that the application of number to the details of morbid anatomy was natural and inevitable, for the measure or weight of anything is more readily expressed in number than otherwise, and the constancy with which the same structural alterations were observed in the same disease, must have suggested the statement of this uniformity or proportion, in numerical phrase.

The next most exact application of this method, is to the study of symptoms; to the phenomena of living matter, and of the soul. As already stated, the admission that there are different diseases, is equivalent to that of their symptoms being uniform respectively; of their oc-

curring in one case very much as they do in another of the same affection. Some of them are more, and others less constant. Some present themselves with unfailing regularity, others very rarely, and, as it were, accidentally. From this it is at once evident that the relative frequency of a given symptom may be expressed in number. But in the large number of symptoms which, taken together, serve to characterize a disease, there is hardly ever *one* which is *always* present, one which is so invariable as to deserve the name of pathognomonic. The *greater* part only of a given group may be expected to appear, and rarely in any two cases, the same part. The recurrence of the same symptom, therefore, or of the same group of symptoms, is exceedingly variable and uncertain, and consequently the numbers expressive of their frequency declare no more than an approximate truth. If we turn from the frequency to the character of symptoms, we shall find its exact appreciation still more difficult. Take two cases of one of the most uniform diseases, small-pox for example, and there will not be found a single symptom in the one resembling perfectly the corresponding symptom in the other. There will be a difference of duration, of intensity, of extent, of sympathy, of effect, &c., and yet these differences are not such as to destroy the identity of the symptom, nor to make it unfit for comparison with that in the other case, although such comparison cannot be perfectly exact, nor made entirely by means of numbers. We can, indeed, measure the duration of a symptom as we can its frequency; but to what arbitrary standard can be referred degrees of pain, the wanderings of the mind, or the perversions of moral sense? It is only when a very large collection of cases has been made, and it is attempted by an analysis of them, to arrive at a general idea, definition, or description of the disease, that the disparities between individual cases disappear; that number, which was quite inadequate to define the peculiarities of an isolated case, is the best possible means of expressing the characters of the type, the common features of the whole series of cases taken together; the best, that is, of declaring exactly what symptoms ought to be regarded as really characteristic of the disease, because the only one which can accurately point out the relative frequency and importance of the several symptoms.

“The employment of numerical expressions, therefore, may be considered as one of the highest consequence in giving precision to diagnosis, inasmuch as it is the only mode whereby the symptoms of disease, and its anatomical lesions can be accurately described.”

The body of the work is divided into four general parts:

Part I. *Ætiology*. The causes of disease are divided into General Predisposing, Special Predisposing, General and Special Exciting, and the specific causes of disease.

Part II. The General Phenomena, Theory and Classification of Diseases—General Diagnosis and Prognosis.

Part III. *Semeiology*—Symptoms and Signs defined—Varieties and value of Symptoms—Signs from the Exterior of the body—from the Digestive Apparatus—from the Genito-urinary Apparatus—from the Nervous System—from the Circulatory Apparatus—from the Respiratory Apparatus.

Part IV. General Morbid Anatomy—its origin, progress, and value—the method of conducting Post-mortem Examinations—the changes pro-



duced by Disease in the normal constituents of the body—new formations.

It will thus be seen that the author presents to us a very extensive and very rich bill of fare, and we can say in all sincerity, if every one derives as much pleasure and satisfaction from the feast as we have done, a second edition will soon be called for. It was not our purpose when we sat down to give an elaborate review of the book, or to write an extended article which should in any small degree take its place. Believing that the subjects discussed in it, though of universally acknowledged importance, are too much neglected, and that, on the whole, though we might easily find some faults, this American work is the best that can be procured, we earnestly recommend our readers to purchase it and peruse it for themselves. To the young physician, it is especially valuable. It will teach him how to investigate his cases methodically and thoroughly—the general rules that should guide him in his diagnosis and prognosis—and the manner of conducting his post-mortem examinations so as to profit instead of confuse him. Again we say, as our best recommendation of the book—buy it!

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4.—*On Bandaging and other Operations of Minor Surgery.* By F. W. SARGENT, M. D., Philadelphia, Lea and Blanchard, 12mo., 1848, pp. 379.

Until quite recently, perhaps no department of the healing art has been more undeservedly neglected than that of Minor Surgery. The American and European presses have teemed with erudite and voluminous surgical works that have reflected great credit upon their authors. These works have comprehended treatises upon all the diseases within the domain of surgery and their most approved plans of treatment, but almost without exception they have omitted to inform the student and the younger members of the profession in sufficient minutia *how these plans of treatment are to be carried out in every-day practice.* Works on practical surgery, have not hitherto been sufficiently explicit and illustrative, in what may be looked upon as *small matters* in the art; consequently nothing is more common than to find physicians who are exceedingly well qualified theoretically, unskillful and awkward in the application of splints, bandages, and the great variety of dressings to cases as they occur in practice. Nothing perhaps in the whole routine of practice redounds more decidedly to the upbuilding of a young surgeon's reputation, and certainly none contributes more to the comfort of the suffering patient than dexterity in the performance of the minor surgical operations, and the neat and skillful arrangement of dressings. In view of these facts it is a matter of some degree of astonishment that a due consideration of this subject should have been deferred so long.

The work now under notice, the title-page of which stands at the head of this article, is the third of the kind that has issued from the American press. The object of the author is "to present to the younger surgeon and to the student, information relative to the art of bandaging and to some other points of importance in the practice of surgery." He justly remarks, though we trust it will not long be justly said, "that these subjects are but slightly alluded to in systematic courses of lectures, or in most of the published treatises on the science, yet the necessity of a familiar acquaintance with them will be acknowledged by every surgeon of experience."

The book is divided into five parts. The first embraces a description of surgical dressings, such as lint, compresses, tents, plasters, water dressings, &c., &c., and the instruments usually employed with them.

The second treats of the composition and preparation of bandages, and their application.

The third is devoted to the consideration of the apparatus of various kinds used in the treatment of fractures.

The fourth describes the mechanical means employed in the treatment of dislocations with the mode of applying them.

The fifth details at length the methods of performing the various *minor surgical operations*,—such as general and local blood-letting,—modes of effecting counter-irritation—mechanical hæmostatics,—the closure of wounds,—the introduction of the catheter and administration of injections.

The work is embellished with 363 graphic illustrations, which exhibit fully and clearly the application of apparatus and the minor operations.

Its merits really demand a more extended notice than our time and space will permit; we strongly commend Dr. Sargent's treatise to all our readers, believing that it will prove abundantly useful to those who consult its pages for information upon the important subjects therein discussed.

H.

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- 5.—*Medical Chemistry for the use of Students and the Profession, being a Manual of the Science with its applications to Toxicology, Physiology, Therapeutics, Hygiene, &c.* By D. P. GARDNER, M. D., formerly Professor of Chemistry in the Philadelphia College, and of Chemistry and Natural Philosophy in Hampden Sidney College, Virginia; Corresponding Member of the Lyceum of Natural History, New York, etc., etc. Philadelphia, 1848. pp. 396. Lea and Blanchard.

It is not to be expected that every physician will be a profound chemist; but every physician should have a thorough knowledge of the elements of the science and its practical relations to medicine. Chemistry is too much neglected, both by physicians and students. Many of the latter scarcely study it at all till they come to listen to the teachings of

the lecture room. They regard it as of secondary importance and really of little practical value; and it is notorious, that, as a general thing, they pay less attention to this branch of study than to any other, even during the brief period of attendance upon lectures. This ought not so to be. No physician can be thoroughly accomplished who has not a good knowledge of chemistry, especially in its relations to medicine.

The design of the author of the book under consideration was to furnish a text book for the student, which, without being full and complete, should yet be sufficient for the practical purposes of the physician. Those who desire to become thorough chemists, will of course depend upon more elaborate treatises; but by far the greater number of medical students will find the work of Dr. Gardner better adapted to their wants than any other with which we are acquainted.

It treats especially of those portions of the science which bear the most intimate relations to medicine, and passes over briefly or omits entirely what is merely of more general or scientific interest.

Organic and animal chemistry receive, comparatively, a large share of attention, while the metals aside from their medicinal compounds, are passed over with a brief notice.

From the examination we have been able to give the work, and from what we know, not only of the necessities, but, of the practice of students, we are satisfied that we cannot do *them* a greater service than by recommending it to their attention.

6.—*Illustrations of Medical Botany; consisting of colored figures of the Plants affording the important articles of the Materia Medica, and descriptive letter-press.* By JOSEPH CARSON, M. D., Professor of Materia Medica, in the Philadelphia College of Pharmacy; Member of the American Philosophical Society; of the Academy of Natural Sciences of Philadelphia; Fellow of the College of Physicians, etc., etc. Philadelphia, 2 vols. quarto. Robert P. Smith,—1847.

*Medical Botany, or descriptions of the more important Plants used in Medicine, with their history, properties, and mode of administration.* By R. EGLESFELD GRIFFITH, M. D., Member of the Philosophical Society, etc., etc.—with upwards of 300 illustrations, pp. 704—Philadelphia, Lea and Blanchard.

The subject of Medical Botany, so long neglected in this country, by the student of medicine, has begun to attract some attention. This neglect, has not been owing to its destitution of interest, nor entirely, to an idea of its little importance; but chiefly to the fact, that so many embarrassments have attended the successful prosecution of the study, especially, from the meagerness of all facilities of illustration. The value of this department, in acquiring a knowledge of the materia medica, must be obvious, as well to correct some promulgated errors, as to enable us to avail ourselves of many direct advantages, which it supplies. Linnæus, expressed the opinion, that "plants that agree in genus, agree in quality; those of the same natural order, have nearly similar



properties." While such an opinion is to some extent true, yet the exceptions are so numerous, that we could not adopt it as a general rule. A knowledge of Botany alone will teach us, that while in some cases, a striking consonance between external form and remedial qualities may exist, yet in other *similar* forms, an equally striking *dissimilarity* may be found. *Capsicum* and *Atropa*, both belong to the *Solanæ*—the one pungent and stimulant, and the other narcotic and poisonous.

All the numerous modifying circumstances, that affect the remedial powers of vegetable substances, such as locality, season of the year, character of soil, cultivation, &c., enter into a knowledge, acquired by a study of this science; and aside from the mere gratification which this delightful and refining study must impart, the positive and practical importance of the subject, must commend it to the attention of the student of medicine. The increasing importance of this subject, we are happy to observe, has created a demand for more and better facilities for its study.

Two valuable works in this department, have been issued from the American press, during the last year, somewhat different in their character; but both admirably adapted to the design contemplated in their publication. The first of these—GRIFFITHS MEDICAL BOTANY, consists of "descriptions of the more important plants, used in medicine, with their history, properties, and mode of administration." This is preceded by an introduction, in which, the anatomy of Plants, vegetable Physiology and Chemistry, are happily illustrated by numerous and well executed engravings;—to which is added, a copious glossary of terms; and a conspectus of the natural orders of Plants, containing remedial substances; all of which add value to the work, while they do not materially swell its bulk. The body of the work consists of a botanical description of Plants, used in medicine. They are arranged according to the Natural Orders, and are drawn up in strict accordance with the present improved state of botanical knowledge. The descriptions are selected from the best authorities, in some cases without alteration, but in others altered, condensed, or corrected, so as to present as great a uniformity of phraseology as possible; so that the author's originality consists in part, in the selection and arrangement of his materials.

This book, we think, constitutes a very important addition to the somewhat technical and meager descriptions, found in the standard works of Pereira, Royle, Wood and Bache. These works on the *materia medica*, must necessarily become too voluminous, if incumbered with a minute history and description of Plants; and yet the student who desires this very pleasing and truly valuable knowledge, must either consult a long series of works, expensive and difficult of access, or be content with what may be found in the several treatises on *materia medica*.

The book before us, in a form sufficiently cheap, to be within the reach of all, supplies to the student of medicine, this want in a good degree.

The next, CARSON'S MEDICAL BOTANY, is a work on the same general subject, but of a more imposing character, consisting of one hundred plates, large quarto, and finely colored, with accompanying descriptions. We hail this publication with pleasure, because it is a great advance, at least in magnitude, on all that have preceded it; and because it is especially needed at this time, when something approaching to a just value is being placed on the study of Medical Botany; while the very valuable works of Barton and Bigelow are out of print, and

nothing in the market to supply their place. Besides, this work, unlike those mentioned, is not confined to indigenous plants, but includes all the leading vegetable sources of medicinal substances.

The design of the author is to give the botanical history of the vegetable *materia medica*, illustrating it by such a direct appeal to the senses, that we may recognize at once, all that we have before been familiar with, or after becoming familiar with these plates, acknowledge the acquaintance, when we find the originals in their natural state; also to indicate in the most concise manner possible, the properties peculiar to each substance. In all this, we think he has been eminently successful.

This work will supply a want long felt; because it combines excellencies,—in extent, in the beauty and correctness of its mechanical execution, and in the comparative cheapness at which it is furnished;—that belong to none of its predecessors. In all these particulars it will be of essential benefit and importance to teachers of *materia medica*, in our different schools. “In accuracy and beauty of design and finish,” says a contemporary, “these plates have rarely, if ever been excelled.”

From the reputation and known ability of the author, we had anticipated much. All and more has been realised; and we take pleasure in commending the work to the profession, and especially to all teachers of *materia medica*.

We are happy to learn that it is contemplated, to add a supplementary volume during the year, containing descriptions of many valuable plants, necessarily excluded by the limit of 100 plates.

We trust a patronage will be extended to the work, that will not only sustain it, in its present extent, but allow yet further additions.

S. M. S.

## PART FIFTH.

### EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, SEPTEMBER 1, 1848.

It might be expected of us, that, in this the first No. of a new Medical Journal, we should make something like a formal address to the profession, upon whom we are to depend for support, or in other words, “define our position.” The former we shall not do, preferring to leave our works to speak for us, and the latter we can do in a very few words. We accepted the post of editor at the solicitation of others, and we enter upon it with diffidence, but with the determination to do as well as we can. We ask the patronage of the profession not more for our sakes than their own. If we do not give them a “quid pro quo” it is their right and duty to abandon us:—if we do give them the worth of their money, and make what we hope we shall, a respectable and useful medical periodical, have we not a right to expect to be sustained? We enter into this enterprise, not because there are not good Medical Journals enough, but rather because physicians do not subscribe for them. We know there are enough of such in Ohio to sustain us amply. There is room for us, and we mean to do good if we can.

As to our "position"—we are now and ever, heart and soul, an humble advocate for sound, legitimate medicine. We are willing to receive light from any quarter, but not to be drawn aside from the path of duty by any will o'the wisp or phosphorescent bubble that may play upon the surface of society, however attractive its glimmer or golden its promises. More we care not now to say.

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We confess that we do not feel altogether at home. We have assumed the duties of the "big arm chair" and claim for the first time the privileges of the editorial *we*. Some slight misgivings disturb us, but they arise more from a distrust in ourself than any thing else. We know that in this great empire of Ohio, there is room and verge enough for us, and we also know that, if we succeed according to our wishes we shall do far more good than harm. A brighter day is dawning upon our beloved profession. Everywhere is the upward movement seen. Physicians who could be content to live and practice year after year without reading, with little reflection and less remorse, are fast dying out or being pushed out by younger and better educated men—or waking up and bestirring themselves in a most commendable way. The condition of a portion of the profession in Ohio, has been, and still is to some extent a disgrace to us. A very considerable proportion of the practitioners of medicine in our state, have never received a regular medical education, or obtained a degree. Some of them (and the practice is still to some extent carried on,) entered a physician's office, and after studying for from a few months to two or three years, perhaps Bell's Anatomy and Thomas' or Eberle's practice more or less, started out with a certificate from their preceptor in their pockets, hoisted their "shingle" in some backwoods settlement, and were thenceforth, passed all redemption or recall, dubbed *Doctors*.

In the name of our profession,—in the name of humanity we protest against this indiscriminate wholesale manufacture of doctors in a retail way! I said we are improving,—so we are, but there is present cause for the above remarks. Within the last year we have known several instances of medical students commencing practice either before attending lectures or after a single course. This has always been the way with us and we cannot check it at once; but the whole moral force of the profession ought to be brought to bear against it. The time must soon come, when no young man *starting* in professional life in this way can be recognised as a regular physician. The time has been when *necessity* could be pleaded in extenuation, but that has past. If a young man commencing study at the present day, with our largely increased facilities for imparting instruction, and the readiness and cheapness with which they are attainable, cannot obtain a tolerable medical education before commencing practice, he cannot possess sufficient energy and perseverance to succeed in any profession, and it would be far better for himself and the community, that he turned his lazy ambition into some other channel.

We feel strongly on this subject, and we know we have the sympathy of the best minds in the profession in all parts of the state. That we may not be misunderstood, we wish distinctly to say, that we know many excellent physicians, who are an honor to the profession, who are entirely self educated; but these will most willingly assent to the justice of the above remarks. None are more deeply sensible than themselves of the disadvantages under which they labor. At the close of the first session of the Starling Medical College in this city, the degree



of M. D., was conferred upon thirty-two gentlemen, more than half of whom had been practitioners of medicine from four to twenty years, and we presume the proportion of the same was very considerable, if not as great, in the other Ohio schools. This is a strong evidence of a desire for better things. We shall return to this subject again and again.

Those who have tried the experiment, will know better than others of the difficulties attending upon the getting up of the *first* number of a medical periodical. Our facilities will hereafter be much increased and the labor will be less if the matter does not improve.

Mr. EDWIN SCHENCK, Principal of the Young Ladies Seminary, in this city, died a few week since from the effects of over-doses of morphine given to check a diarrhœa. The medicine was not dealt out by a physician. He lived about forty hours, during most of which he was unconscious. His condition was not discovered till some seven hours after the last dose. The usual means were resorted to, with a most thorough trial of electro-magnetism. He seemed to die at last from the effects of the congestion of the lungs and the brain. He was a most estimable man.

A very stout, robust man, about the first of July, received a blow in the abdomen from the end of a stick of wood, projected forcibly by a circular saw. He was much prostrated, though he suffered but little pain. In about three days he died. On examination, as the walls of the abdomen were drawn aside, just to the left of the umbilicus, a perforation in the ileum was discovered about two lines in diameter. Intense general peritonitis had resulted. There was no visible wound, scarcely a bruise, on the external surface.

There is a woman in our county infirmary who is considerably more than a century old. Her faculties are quite perfect. She has a son in the same place, some eighty years of age. The old lady is quite a curiosity. Who of us wishes to live so long?

Will our friends in different parts of the State furnish us with short articles upon the different diseases, &c., of their respective regions, or records of interesting cases? We wish to make our Journal emphatically a practical one, and we can do it with your assistance. It is also a matter of no small moment to us, as you may well believe, that our publisher be remunerated for his trouble and expense in sending us into the world. You would do us a very great favor, by not only subscribing yourselves, but inducing others to go and do likewise.

It is quite strange that the new Germanism ISOPATHY, has, as yet, found no advocates among us. It is the latest humbug and ought therefore to be the best. The doctrine is a sort of refinement, if that were possible, of Homœopathy. If a patient has disease of the brain,—give him brain!—if of the kidney,—give him kidney!—if of the rectum,—give him rectum!!—and so on to the end of the chapter. Potential extracts of these different organs, with pretty names, are put up in pretty bottles, with pretty labels and the whole thing promises finely. O science! what jackassical tom-fooleries are perpetrated in thy name!

Our profession has been disgraced recently, by several atrocious crimes, committed by some of its unworthy members—now a murder in Maine—now a seduction and almost a murder in Kentucky—now an

abortion and murder in N. Hampshire. The public press ought in all cases, as a mere matter of justice, to state the character and standing of the criminal, and whether he be a quack or not. Every body who can raise a pair of saddle-bags and fill it with "roots and 'arbs," is a doctor. Thus we see in the examination of a recent most atrocious case of abortion, resulting in death, tried at Lowell, Mass., all concerned are called doctors, and the whole body must bear, in a degree, the reproach. We know the profession of Lowell well, and a more honorable, high-minded, able set of physicians, is not to be found. Not one of them would stoop, even to speak to the guilty perpetrator of so atrocious a crime. Every man named in connection with the treatment of the unfortunate woman, (not the post mortem examination,) is a member of the "Bay State Medical reform society;" a society, got up by quacks, to sustain a failing cause. Not one of them is recognised as a regular physician. Let it be known. In relation to a similar case at Manchester, N. H., recently, we are not informed. Will the editor of the Boston Medical Journal, tell us whether the criminal belongs to the regular profession or no?

*Homœopathy.* A highly respectable gentleman, who holds a responsible station, in a neighboring State, (Ky.,) informed a professional friend of ours, called to attend him in a recent illness, that, some year and a half since, he had a strong predilection for Homœopathy. He became sick, and sent for a practitioner of the Hahnemannian order. He told him at once that all that ailed him, was the *quinine* that the doctors had previously given him, and launched into a tirade of abuse of Allopathy. "I will give you, said he, an antidote to the quinine, and you will soon be well." Some powders were given. Not getting better, after a few days, the patient began to complain. "Tomorrow I will change the medicine," said the honest disciple; "have patience and you will soon be well." On the next day, some *drops* were given. They tasted rather bitter, and on testing them, both the powders and the drops were found to contain *considerable quantities of Quinine*, not of the twentieth potency, but good, regular, common sense doses. The patient was immediately cured—of Homœopathy, and there is no danger of a relapse.

"Is the plant you recommend in this case, *perennial*?" asked our friend Dr. M., of a *Botanic* quack. "Hem! no, it is only spoken of as a *tonic* in *Botany*," replied the wiseacre.

Our friend of the Annalist, whose appearance, by the way, is always hailed with pleasure, has fished up the following remarkable remedy, which we commend to the attention of the lovers of secret nostrums. Bartholinus Carichters, in his *secret* b. 2, c. 12, published a recipe, which is mightily commended by Hector Schlands, in a letter to his learned friend Gregorius Horstius; See Horstii epist. medic. 1 § 7, 1612. R. Dog's grease, well dissolved and cleansed, iv. oz; Bears grease viii. oz; Capons grease, xxiv. oz; three trunks of the missletoe of hazel, while green, cut it in pieces, and pound it small till it becomes moist; bruise it together and mix all in a phial. After you have exposed it to the sun for nine weeks, you shall extract a green ointment, wherewith, if you anoint the bodies of the *bewitched*, especially, the *parts most affected* and the joints, they will certainly be cured. This recipe was tried with amazing success, in the case of a young girl, whose condition was truly deplorable; for she vomited feathers, bundles of straw, and a row of pins stuck in blue paper, as fresh and new as any in the pedlars stall,

pieces of glass windows and nails from a cartwheel; as may be seen in the "wonderful and true relation, of the bewitching of a young girl in Ireland, in 1699, by Daniel Higgs."

A druggist in Buffalo, and another in St. Louis, have recently, as a matter of principle, abandoned the traffic in quack medicines. We think the profession, should take special pains to patronize these men, and others who follow their good example. Enormous quantities of these worthless, often injurious, preparations are daily sold to the be-quacked public, and at great profits. Columbus is sort of depot for this kind of ware, for this region, and from some inquiry, we are satisfied that more is paid here every year, for quack and patent nostrums, than is paid as fees to all the physicians put together. If we did not know that the community were not only not benefitted, but seriously injured by this wholesale pill-mania, we might allow the traffic to go on unheeded; but our duty as true physicians, whether people will hear or forbear, is, to guard as far as possible, the public health. We should discourage by every means, this traffic in human health and lives. If we should, uniformly, refuse to patronise those establishments where it is carried on, we might soon have, at least one in every large town, who would consent to abandon it. We are in hopes to see such an one here before many months, and we shall certainly use every means in our power, to sustain it, and shall call upon our friends to do likewise.

Dr. Sayre, of N. Y., relates a case, illustrative of the universal merits of Hydropathy. A child, ill with the measles, was, by the advice of a practitioner of this sect, sponged with cold water, every fifteen minutes, during the day and night. In the morning it had symptoms of suffocation: the Dr. finding the child pale, livid and breathing with difficulty, administered *Tart. Emetic*, in very large doses. The child died on the fourth day of this Water-cure process. *The lungs throughout, were in a state of the most intense congestion.*—Annalist.

There is a plant in India, *Gymnema Sylvestra*, nat. ord. Asclepiadæ, recently brought to the notice of the Linnæan Society, by Capt. Edgeworth, which has the curious property of destroying the power of tasting sugar. Capt. E., chewed some of the leaves, and was surprised at not perceiving the acrid taste of plants of this order; but about two hours afterwards, when taking some tea, he was greatly surprised to find, that although he could fully appreciate the aroma of the tea, he was entirely unable to taste the sugar. The effect lasted for about twenty-four hours. It produced the same effect upon others.

Aug. 23d. We have been confidently waiting for some little time, for some new "*pathy*." Even Isopathy is growing stale. Here it comes. A certain Dr. Chaponnier, has found that the stomach was not made to put physic in; it is better adapted to bread and butter. All medicines should be *inhaled*. The name of this *new notion*, is, of course *Æropathy*. What next.

*County Poor Houses.*—An effort has been made, and the matter has been brought before the State Medical Convention, to petition the legislature for a change in the name, of at least some of these institutions. County Infirmary or County Hospital has been suggested as an appropriate substitute. We think the suggestion a good one. While we would deprecate strongly any action which should have the appearance of offering the slightest encouragement to idleness or vice, we are equally unwilling that the virtuous poor should be constantly reminded, even by their very



name of what is too much regarded their degradation. It is as much our duty to relieve and support the poor and unfortunate who are unable to help themselves, as to perform any of the other duties of good citizenship. Nay more; they have a claim upon us founded upon the law of nature and the law of God. Will a mere change in the name of these institutions effect this? Not alone. Other changes should be made. As our population increases, every county will need more extended accommodations. One class of patients especially, must be cared for, and better than they have hitherto been:—we mean the hopelessly insane and imbecile who cannot be suffered to accumulate in the State Asylums. Wards or rooms, constructed in the most approved style, should be found in every county, and also such arrangements should be made as to accommodate for a longer or shorter period pay-patients of any description with diseases not contagious.

Our Franklin County has shown a very liberal spirit in the construction and management of her alms-house. In its internal arrangements it is, in many respects, a model. There are two wards, with the necessary accompanying rooms, for the exclusive use of the insane. Every care and attention is bestowed upon them, and they are in all respects, as comfortable and as safe as in a larger institution. Our excellent State Asylum is sometimes full, and patients come from neighboring States who cannot be admitted there. Quite a number both from our own and adjoining States have been treated and with quite the usual amount of success. A number of these were pay-patients. Patients with other diseases are received, well nursed and taken care of, and allowed to employ any physician they may prefer. They can be better cared for than in almost any private or public house in the city. Experienced nurses, good cooks for the sick, hot, cold and shower baths, are all at their service, and the whole is under the eye and control of the excellent superintendent, himself a medical man, Dr. Schenck.

Quite an income to the county might result from these arrangements were it not for, more than any one thing else, the *name of Poor House*. A surgical patient came to the city a few days since to submit to amputation, and refused to go there, though strongly urged, on that account; and, as he could find suitable attendance no where else, went home again. Numerous similar cases have come to our notice. We hope that a reorganization of these indispensable institutions will be brought about, which shall place them on a higher and somewhat different footing, and thereby much increase their usefulness.

STARLING MEDICAL COLLEGE.—Few are ignorant of the munificent donation of thirty thousand dollars recently made to this institution by the gentleman whose name it bears. It is thus placed on a permanent basis, and needs for its continued success only untiring energy and ability on the part of those who conduct it. Its first session was attended by one hundred and thirty eight students and physicians, and its prospects for the future are of the most cheering kind. A large building furnishing ample accommodations for students, and rooms for about *thirty beds* for hospital purposes will be ready in a year from next November.

The advantages of Columbus for the purposes of such an institution are too obvious to need remark. Every thing will be conducted on the most liberal scale, and, with the schools at Cincinnati, Cleveland and Columbus, our students can be thoroughly educated at home, if they will.

The Trustees have made one pretty important innovation in the old customs of the schools, which they desire to submit to the profession for its judgment. They grant their Diplomas in *plain English*. However humiliating the confession may be, it is nevertheless, in our opinion, true, that, if every student in the Union (except in the University of Virginia,) as he receives his diploma, were requested, without previous notice or preparation, to read it at once, and were told that his graduating depended upon its being done, five-sixths of them if not a larger proportion, would be rejected. What is the diploma granted for? As evidence of certain attainments. Evidence for whom? In ninety nine cases in a hundred, for plain English people to whom *Latin is as Greek as Hottentot*.

We do not know how this innovation may be regarded by the profession, but for ourselves we like it, and we confess that we should value our own diploma more highly were it in our vernacular. The Royal College of Surgeons and the Apothecaries Society in London, and the University of Virginia, have set us the example. If there are others where our language is spoken, we are not aware of it.

The Diploma is as follows:—

#### STARLING MEDICAL COLLEGE, COLUMBUS, O.

*To all to whom these presents may come, Greeting.*

BE IT KNOWN that \_\_\_\_\_ having been examined in the different branches of medical science by the faculty of this College, and found duly qualified for the practice of medicine and surgery;— We the trustees and faculty of the STARLING MEDICAL COLLEGE do therefore, in accordance with the power vested in us by law, grant this DIPLOMA and confer upon him the degree of DOCTOR IN MEDICINE, which admits him to all the honors, privileges and immunities, and exacts from him all the duties, obligations and observances, pertaining to the same.

IN TESTIMONY WHEREOF—We have hereunto affixed our names and corporate seal this \_\_\_\_\_ day of \_\_\_\_\_ A. D., 18 \_\_\_\_\_ at the city of Columbus, State of Ohio, U. S. A.

President of Trustees.

#### NAMES OF FACULTY.

The copper-plate is a very large one, and engraved by Mr. F. WHEELER in his best style.

We refer to the advertisement for information as to time of lectures, fees, &c.

**MEDICAL BOOKS.**—Those desirous of purchasing medical books cannot do better than patronize our Columbus book-stores. We have three extensive establishments, and a fourth we understand is soon to be started. We speak from some little experience in the purchase of medical works, when we say that we know of no place, east or west, where they are sold at so low rates.

**New substitute for Quinine.**—M. Duchassaing, of Guadaloupe, has made numerous experiments with the bark of *Adansonia digitata*, in intermittent diseases. The result has tended to confirm the efficacy of this remedial agent, which is cheap, agreeable to the taste, exercises no action on the nervous system, and is favorable to the functions of digestion. M. D., has succeeded with this medicine, in cases where the strongest doses of quinine had failed. One ounce of the bark, boiled in a litre of water, (2,1135 pints English,) till it was reduced one third, was generally sufficient to cure fevers of this description.

**New prognostic sign.**—M. Trosseau, declares that it may be laid down

as an aphorism, as seldom liable to exceptions as those of Hippocrates, that *when a child sheds tears* a favorable prognosis may be delivered, however menacing the symptoms; while, when this is not the case, in painful diseases, and especially, if the eyes are dry and sunken in their orbits, great danger to life exists. Trousseau has operated many times for croup, and in no one of these, has the child ever shed tears. This sign is most valuable under two years, but may frequently be verified till seven.

*Poisoning by Clams.*—There has been quite a number of deaths recently, on the sea coast in Mass., from eating clams. In what the poison consists, is still a mystery. A writer in the Boston Med. Jour., a few weeks since, thought he had discovered it in the shape of a little green or dark substance, found in those that seemed to be poisonous. Another writer, knocks over this hypothesis, by declaring the aforesaid substance, to be a necessary part of every genuine clam. Clams are somewhat of the nature of "sour grapes" in this region, and we are therefore, not so personally interested as our eastern brethren; but the inquiry into the nature of the poison, is a very interesting one, and we hope it will be diligently pursued.

*Medical College of Buffalo.*—Through the efforts of the excellent Faculty of this Institution, a fine building, one hundred feet deep by fifty feet front, is now being erected. We understand that the money for this purpose, was raised mostly by voluntary subscriptions, by the citizens of Buffalo. They will never regret it. Success to them.

"With our brother of St. Louis," we have full confidence in the belief, that, like all other humbugs, Homœopathy is 'fretting out its little hour,' and must soon pass away, to give place to some other, (but no more ridiculous,) form of empiricism.' For this final result we earnestly pray, and shall certainly contribute undeterred, towards effecting it, by every legitimate means in our power."—*Annalist*. Our prayer is a little different. We protest against the succession. Homœopathy is, perhaps, more innocent than the one it will "give place to." Pray for the extinction of the whole family, Mr. Annalist, and we will give you a hearty—amen!

Our determination to publish a Medical Journal, was formed about the 20th of July; our prospectus was issued on the 25th, and the printer began to call for copy, soon after the first of August. This gave us a very short time for preparation, and our friends for writing original articles. We had not the benefits which we hope hereafter to derive, from our exchange list, and we had besides, but little insight into the mysteries of the printing office. All these circumstances, will, we hope, excuse any little defect of arrangement, which may be found in our present number.

We intended to have published, at least an abstract of the very important and interesting report of Dr. Edwards, of Ohio, in Congress, from the special committee on the importation of Adulterated Drugs, in the present number; but not being able to furnish copy, in the regular order of the articles, we found it crowded out before we were aware of it. It ought to be read by every physician, by every individual indeed, in the land. Dr. Edwards, has rendered the profession, and the public, very important service. We will endeavor to ascertain how extensively the "Report" has been circulated, and, if necessary, notice it fully in our next number.



*To Correspondents.*—We thank our friends most heartily, for the numerous expressions of good will, and promises of assistance, which we have received. Our time has been so occupied, that we have not been able to answer all letters, as yet. A considerable number of gentlemen, have consented to act as Collaborators with us. We wish to extend the list somewhat, and consequently, shall not publish it till the next number.

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# THE OHIO MEDICAL & SURGICAL JOURNAL.

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VOL. I. COLUMBUS, NOVEMBER 1, 1848. No. II.

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## PART FIRST.

### ORIGINAL COMMUNICATIONS.

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ART. I.—*Pathology of the Blood.* By GEORGE MENDENHALL,  
M. D. Cincinnati, O.

THE Pathology of the Blood is a subject which in itself possesses much interest, and this is increased at the present time by the daily developements being made in that department of pathological science.

That this fluid, which is presented to us in such a compound and complicated form, portions of it possessing the essential elements and properties of organization, out of which the various tissues of the body are formed, as well as the various secretions, should not be the seat of changes caused by the various circumstances which surround it, would be an anomaly in nature. It is no longer looked upon as being an isolated part of our organization that is not affected or modified by surrounding influences; but it is viewed as an important portion of the animal machine, under the influence of organic laws, having important vital properties, and bearing certain relations to the surrounding medium in which we live, to the other portions of the body, and its component parts also to each other. Although it is the pabulum from which supplies are drawn for the healthy performance of the various bodily functions, and also by its presence in the organs affords us a healthy stimulus for their activity, yet in the strict language of physiology we will not insist on these accounts that "the blood is *the* life of the man," but only that it is a *portion* of the system which is subjected to its vital laws, and also modified as other portions of the system are, in numerous ways, by internal and external circumstances.

In the fluctuations of the dogmas and theories of medicine, various estimates have been made of the importance of this



fluid. At one time it was supposed to be the seat of all diseases, while at another, no consequence whatever was attached to its condition. When the exclusive humoral doctrines prevailed, all manner of absurdities were in vogue to account for pathological conditions, which were founded upon fanciful theories, and not upon the observation of facts.

The mass of people at this time catch the spirit of this easy solution of their maladies, and therefore they are always ready with a plausible explanation of every ill to which flesh is heir. The terms in use by the old humoral pathologists may have passed away, but new ones are brought into requisition by them as meaningless as the old.

Modern pathologists approach this intricate subject in a different manner. Patient investigation of facts takes the place of fanciful theories. Analysis, chemical and microscopical, compel nature, whether healthy or diseased, to yield up her secrets to the potency of science. One by one they are extorted from her, and who can place limits to the knowledge we are yet destined to acquire? These are our means of investigation, and what have we already accomplished? What is the condition of our knowledge in respect to the physiology and pathology of the blood?

The blood is composed of a fluid containing flattened circular corpuscles upon which its color depends, and therefore consists of red blood corpuscles and the liquor sanguinis. These blood corpuscles are nucleated cells, having to some extent an independent cell life, which is modified by the nature of the medium in which they may exist, both by its density and other properties. These cells or blood corpuscles have a limited existence, serve peculiar purposes in the animal economy, and are believed to have the power of re-producing themselves. In addition to these red corpuscles we have others termed white or colorless corpuscles; they resemble and are believed to be identical with the lymph and chyle corpuscles. The uses of the red corpuscles appear to be connected with the process and objects of respiration, while the white seem to be closely connected with the elaboration of fibrin or plastic material from the albuminous elements of the blood. Other materials have also, it is believed, been found in the blood besides water, salts, oil and albumen; but they are not yet sufficiently established to justify us in predicating any thing upon them.

As these constituents of the blood undergo alterations quantitatively and qualitatively, and as a whole it also sometimes contains foreign ingredients, it may not be unimportant to briefly glance at the influences which produce these modifica-

tions. The animal system may not inappropriately be viewed as a great laboratory, in which chemical and vital changes are constantly occurring; the laws of each operating within certain limits and mutually affecting each other; The blood does not furnish an exception to the operation of these laws; and in these very changes are exhibited the most obvious manifestations of its vital properties.

One of the modes by which the composition of the blood may be affected, is by the introduction of matters into it, not usually found there, through the medium of the alimentary canal, lungs or skin. In the first place it is a fact proven by innumerable witnesses, that a large number of articles, medical and otherwise, have been found in the blood and in the secretions produced from it that have got there through the medium of the alimentary canal, from which they have been taken up either by the lacteals or absorbing venous extremities. To deny that these substances, by their presence in the blood, produce no effect, that they lose all their former properties, is a proposition entirely untenable. As well might we say that the living solids, will, by their vitality, resist the action of caustic potash when applied to them, as to say that the presence of alcohol, sulphate of quinine, iodine, &c., in the blood will not produce effects corresponding to each of these articles on the delicately organized corpuscles of the blood, and upon the parts with which they may be brought into contact. The substances introduced may not be different always from some one or more of the healthy constituents of the blood, thereby increasing them in undue proportion; for instance, large quantities of water may be introduced or evacuated, by which this constituent may be unduly increased or diminished. The effect of the change in relative proportion of the watery portions of the blood must exert an important influence on the *endosmose* and *exosmose* properties of the corpuscles, thereby changing the vital actions of these bodies. It has been suggested that a portion of the injurious effects of large draughts of cold water taken into stomach may be produced in this manner, as it is well known that it is absorbed with great rapidity and passes into the general circulation.

The nutritive material furnished by the lacteals may also be changed in character, either from a defect in the material taken into the stomach or of the process of elaboration; some of its elements may be in excess or diminution or of a depraved quality; in either case equally affecting the composition of the blood.

The blood also undergoes changes from the operation of the function of respiration. Its cessation produces speedy death, which is caused by the want of the proper changes in this fluid. Impediments or defects in the perfection of this process also produce changes from the healthy composition of the blood, that leave corresponding effects on the body. Foreign substances may also be introduced into the blood when exposed to the air in the lungs. If too much oxygen is admitted into the lungs, other changes again are produced in the blood, by which its composition is altered in a very different manner from what it is when there is a deficiency in the supply of this material. The temperature of the blood is also materially affected by the quantity of oxygen furnished in the process of respiration. The blood also undergoes changes in the process of nutrition that are important. The plasma is drawn upon and appropriated for nourishing the body; effete matters are also in turn taken up and carried into the circulation. While these go on in due proportion to each other, the blood maintains its healthy composition, but when it is disturbed or a transformation of the solid textures occur, a change must take place in its components. This function must in turn, as a matter of course, be affected by the occurrence of material changes in the healthy constituents of the blood in a degree corresponding to the variation from a healthy composition. Certain changes or metamorphoses in the blood itself, from an inherent vital power, are also constantly going on in health; and these changes may, from a great variety of circumstances, be interrupted or modified, which must produce a modification in the composition and properties of this fluid. These changes taking place in the organization of the blood, present us with beautiful mechanical, chemical and vital operations, by which the successive changes of crude matter are gradually carried forward, prepared, and elaborated for the requirements of the different tissues of the body. That these delicate processes may be modified or interrupted, by changes in the surrounding solids, and by the influences of foreign matters in the blood, no reasonable doubt can be entertained.

The conditions of the various secretions of the body exert very important effects upon the state of the blood. As it is from it that all the secretory organs of the body eliminate their peculiar products, whether excrementitious or recrementitious, it follows that a change in the catalytic influence of the cells of any of them may affect the quantity or quality, or both, of their products, which must affect the composition of the blood and render it morbid, unless the variation was ren-



dered necessary for the purpose of eliminating some noxious material already contained in it.

The secretory processes which exercise the most important effects on the blood and the animal economy generally, are those of the bile and urine; others however are very important. When the secretion of the kidneys is greatly diminished or suspended for any length of time, the composition of the blood is altered, violent and general local derangements follow, the blood contains a greater amount of serum, also more or less urea, the effects of which upon the blood corpuscles will be noticed in a future part of this paper. Increased secretions of urine will produce in many respects opposite effects.

The immediate effects of a defective secretion of bile are not so important, yet the presence of it or some of its constituents in the blood, exerts an effect upon this fluid, modifying its internal changes so that it becomes impoverished and produces a cachectic condition of the system. An excessive secretion may exhaust certain principles and elements which are necessary to the healthy constitution of the blood.

The condition of the secretion from the mucous surface of the alimentary canal, as in cholera for example, produces important modifications in the properties of the blood both vital and physical. The limits assigned to this paper will not permit further details in regard to other secretions, although well worthy the attention of pathologists.

I have thus endeavored to point out some few of the influences which affect the composition of the blood, and this is an interesting portion of the subject, whether considered physiologically or pathologically, that might be further pursued with profit.

The pathological alterations may be divided into four classes:—1st: Where the quantity in the system is increased or diminished. 2d: There may be a relative alteration in its different constituents. 3d: There may be a perversion of some of these constituents in regard to the quality of the material. 4th: Foreign matters may be introduced into it either from within or without the body; or excrementitious substances which are not separated from it by appropriate secretory organs may accumulate, which thus become in their effects the same as extraneous substances.

The changes indicated under these different divisions however, seldom occur singly, but are usually complicated with those arranged under another head. These divisions are therefore made from the most obvious or prominent conditions that are found to exist.

In the first division we have anemia and hyperæmia or plethora. Anemia is generally associated with a deficiency of the solid constituents of the blood; they may also be of a depraved quality; yet the most obvious symptoms presented are those indicative of a diminished amount of the entire mass of this fluid.

The contrary condition, or that of plethora may exist without material change in the relative quantity of the constituents of the blood, but it is usually associated with an increase of the solid constituents, and may cause or increase the tendency to inflammatory diseases. As elements of more complicated disease, these conditions of the circulation are important.

Those conditions of the blood in which the relative quantity of its constituents are altered, claim the particular attention of the pathologist, and the changes of this class present considerable variety.

In the first place the fibrin may be in excess, and instead of there being three parts in 1000 may be increased to 10: this condition exists in quite a number of diseases. Accompanying an increase of fibrin, &c., we usually have an increase of fatty matter and a proportionate deficiency of the red corpuscles and of the solid constituents. The name given to this condition of the blood by Simon, is *hyperinosis*. This kind coagulates more slowly than healthy blood, and is nearly always covered with what is termed the buffy coat. The particular condition of the clot as to size, hardness, &c., is modified by the quantity of the red corpuscles, and the quantity and quality of the fibrin itself, but it is usually hard and firm in proportion to its excess of quantity. This condition of the blood exists in all diseases that are strictly inflammatory, or in the *phlogoses*. This element of the blood may be natural or deficient in some disorders, and be increased with great rapidity by the supervention of a local inflammation. The average in inflammations is 5.8 in 1000 while about 3 is the average in health. An excess of fibrin generally attends the plethoric condition, along with a full amount or an excess of the red globules.

Another condition in regard to the relative quantity of the constituents of the blood, is where there is an excess of the red corpuscles and a proportionate deficiency of fibrin. The healthy proportion is from 120 to 130 in 1000; this quantity may vary in disease so as to be as low as 66 or as high as 160. When the red corpuscles are in excess the condition has been termed *hypinosis*; this excess may be positively greater than in health, or relatively greater from a diminu-

tion of the fibrin. The clot under these circumstances is generally large, (sometimes small) soft, diffuent, and of a dark, almost black, red color. Sometimes the blood does not coagulate at all, constituting what has been termed dissolved blood. The fibrin in some cases is diminished to 1. in 1000 or even less than this, in which cases the relative proportion of the red corpuscles largely preponderates. This state of the blood exists in idiopathic fever when uncomplicated with local inflammations; the tendency during the increase of the disease is to a still greater diminution of fibrin and of course a relative increase of the red corpuscles.

Another condition of relative change in the constituents of the blood has been noticed under the title of *spanemia*, from the poverty of this fluid, in which there is a deficiency of both fibrin and red corpuscles, and also of other solid constituents. Anemia is an example of this condition of the blood. The serum in this form of disordered blood may be in usual quantity or diminished.

Pathological states of the blood may also occur in which the albumen is diminished or increased.

The watery portion in other cases is varied, and may occur either above or below the healthy standard.

The third general division which we have made of the pathological condition of the blood, is one about which there is great obscurity, and it affords a fine field for research to the student of pathological science. It cannot however be doubted but that the constituents of the blood may vary in their qualities as well as their relative quantities. Some of these constituents are the result of internal organization, having also an organic structure; and from our knowledge of the liability in all organized bodies to change we can reasonably infer that they too are liable to perversions, and hence may arise products of perverted quality.

The fibrin is found to possess different properties in different cases in regard to its power of coagulation, and in its appearance when coagulated, which are independent of mere quantity. It also presents differences in regard to its capacity for organization; being the plasma or basis from which new structures are formed, it is found that the deposit of this substance produces very different results. In one case it may present capacities for a high degree of organizability, and therefore termed *euplastic*; while in another case the capacity in this respect is of a lower order, and the product bears the relation of an inferior grade of organization; fibro-cartilage, grey tubercle, &c., present us instances of organized solids from this quality of fibrin, which has been termed *cacoplastic*. A third



quality of fibrin has been termed *aplastic* from its entire incapacity for organization; pus, curdy matter, yellow tubercle, &c., are examples of this variety.

These different grades of fibrin appear to be dependent upon an imperfection in the organic changes taking place in the blood, by which fibrin is imperfectly elaborated from its albuminous portion, which furnishes nourishment to both the white and red corpuscles. The causes of this imperfect elaboration may be any thing affecting the action of the organized portions of the blood, whether from an imperfect material by which their delicate organism is fed, or from causes operating upon them through the medium of surrounding living tissues. When it arises from an imperfect quality of the albumen, the initiatory step in the diseased process may commence in the organs of digestion, so that in this way all causes operating on the process of digestion, and producing disease of this function, may be remote causes of diseased blood. In this way tubercles may be caused by disease in the digestive function, or by materials of a bad quality being used for food.

In short, all of the changes in the organism are so dependent upon, and connected with one another that their operations proceed as it were in a circle, and agents producing disease may make their first impression upon any portion of it, and in this manner derange the whole machine. The solids are not independent of the fluids, nor the fluids of the solids; there is a mutual action and reaction upon each other, both in health and in disease.

The quality of the red particles may also undergo alterations independent of quantity. In some cases they are much darker than usual, giving the blood almost the appearance of pitch, the corpuscles presenting the appearance of being dissolved in the serum, and losing their characteristics of distinct organization in a great degree. Many of these changes are probably produced by a relative increase of the watery portions of the blood, which, by endosmose, causes these corpuscles to swell and even burst; or they may shrivel from exosmose, caused by too great a proportion of saline matter in the circulation. These properties of endosmose and exosmose, are undoubtedly the causes of numerous changes in the delicate processes which are constantly taking place in the blood, in health and also in disease. That the healthy operations of the system may proceed regularly, it is necessary that certain relations between it and surrounding matters shall not be changed beyond certain limits; and we find this to be necessary in regard to all its parts, even to the minutely organized blood corpuscle.

The fourth division, or where foreign matters exist in the blood and affect its properties, is one about which some difference of opinion exists. It is, however, susceptible of convincing proof, that foreign articles do get into the blood, and it is unreasonable to suppose that when there, there is a suspension of all their physical and chemical relations towards matter with which they come in contact. The powers of organization may modify chemical affinity within certain limits, but it is absurd to suppose that it can be entirely destroyed.

Extraneous matters may exist in the blood, of three different kinds.

In the first place they may be introduced from without.

In the second they may be generated by molecular action within.

Thirdly, they may consist of certain substances occurring from the waste of organs during the process of nutrition, which are retained in the blood, but which should have been thrown off by the excretory functions.

That foreign substances are found in the blood, and in the secretions formed from it, are now facts attested by such a host of witnesses, that it may be set down as among the undisputed facts of physiology and pathology. There is a strong probability that many substances are introduced into the blood, and cause disease, that are of so subtle a nature as to elude our most delicate chemical tests. Of these we may mention the causes of the various contagions, and of epidemic and endemic diseases.

Instances are upon record also, where certain animals have been detected in the blood, which could hardly have found their way there except by the introduction of their ova from without. These facts have been attested by Chiaje, of Naples, by Dr. Goodfellow, and by Mr. Bushman, who is referred to by Ancell in his lectures on the blood, and by Simon and Day in their great work on organic chemistry.

Morbid products may be in the blood, which are formed by the internal operations of the body; instances of which we have in the various animal poisons that will contaminate other bodies when introduced into them, and excite diseases of a similar kind, or produce derangements not less certain, although not of a uniform character. Measles have been communicated directly by the introduction of the blood from a patient having the disease; (Dr. Home.) Diseases termed putrid have been communicated in this way by contact, (Gendrin.) The blood of a patient laboring under small-pox has produced violent symptoms and death, by being injected into the blood-vessels of animals. Glanders and other diseases of horses,

have been communicated in this way. (Dupuy and Leuret.) Williams says there is good reason to suppose that purulent matters and the germs of carcinoma, and other malignant diseases are spread through the medium of the blood.

Substances not found in health may exist in the blood, that are formed from external substances, that have been introduced into the alimentary canal, and as they are the result of organic action, (although upon foreign matters,) they properly belong to this division. I allude particularly to the presence of sugar in the blood of diabetic patients. (Rollo, Rees, Simon.)

Next we have numerous substances found in the blood that are retained there; among them we may mention the bile pigment, (Orfila, Simon,) fat, pus, urea, &c. Of these, bile and urea exert a peculiar solvent power upon the blood corpuscles, and hence is afforded an explanation of their peculiar effects upon the system when retained in it.

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ART. II.—*Idiopathic Hæmaturia*. BY L. M. WHITING, M. D.,  
Canton, Ohio.

ON the 20th of July, 1846, Mr. L. Upson, a farmer, aged 46 years, was presented at my office by my friend, Dr. Ferguson, of the village of New Baltimore, in this County, in relation to whom the following facts were obtained. He had enjoyed almost uninterrupted health from his earliest years up to a period commencing about four years anterior to the date above named, when he began to feel an unpleasant sensation occasionally, in the epigastrium, which he describes as "*a load*."—This continued to be somewhat troublesome during two years. He then had an attack of Diarrhœa, which lasted six or eight weeks, and enfeebled him so much that he was unable to continue his labor, but was finally *cured*, as he says, by the use of "iron and columbo in whiskey." One year subsequently, he commenced passing blood with his urine, daily, and has continued so to do, almost uninterruptedly, to the present time.

Present appearance decidedly anemic—a pretty general dropsical tendency is manifest—is still able to walk about, but there is a good deal of difficulty in breathing on slight exercise. Pulse 100 in a state of rest—much increased in frequency on exercise, and has the feel common to the hæmorrhagic diathesis. The debility, and other constitutional symptoms, have been gradually increasing constantly since the sanguine discharge commenced; although for a considerable period they were so slight as not materially to interfere with his avocations. He has at no time experienced pain in the region of



the bladder, kidneys, or any portion of the urino-genital apparatus, nor has there been at any time obstruction to the passage of urine. The patient thinks the whole amount of fluid discharged by the urethra exceeds that in the healthy state about one-fifth, and supposes that excess to be blood. The appetite is good. He has been subjected to treatment from various medical pretenders, but from his description of the course pursued, it appears that but a very imperfect conception of the pathological condition has been entertained by his advisers.

Prescription. Ext. Rhatany in 15 or 20 gr. doses, until the bloody discharge ceases. At the same time to restore the constitutional vigor, and promote a rapid hæmatosis, he was directed to take the following:

R	Citrat. Ferri,	3ij.
	Sulph. Quin.	3ss.
	Water,	3j. Mix.

Dose 30 drops three times a day.

From the time of this first examination, I saw or heard nothing about the case until the Nov. following, when I was informed by Dr. F., in whose care he had remained, that the hemorrhage ceased very soon after the use of the prescription was commenced; general improvement followed, and by the continued use of the Quin. and Iron, the recovery was rapidly completed.

To the above case I have given the name of *Idiopathic Hæmaturia*—a disease which, according to all authorities, is of very rare occurrence. That the bloody discharge was not dependent on disease of a constitutional character, I think was evinced, not only by the absence of all the other principal signs, but especially was it manifest in the rapidity and perfection of the cure. Moreover, about one year subsequent to his restoration to his ordinary health and avocations, this man was thrown from his carriage while the horse attached thereto was running at a fearful speed, and seriously injured in various parts of the body: but although he was thus brought down again to an enfeebled state, there was no return of the old trouble, and he recovered as a system should do when free from malignant or constitutional disease. It is true that there existed functional disorder of the digestive organs, to some extent, two or three years previous to the hemorrhage; and the trouble there persisted longer than it should have done under appropriate management apparently; but we have no evidence that there was any judicious treatment of his complaint, and at any rate there had intervened an entire year of comparative freedom from disease of any kind immediately preceding the hæmaturia. On the whole, I think this is fully entitled to the term *idiopathic*.

In concluding, I beg the attention of all that portion of the profession who have not yet tested the claims of the Krameria, to the promptness with which the article arrested a destructive and constant hemorrhage of two years standing. In an experience of many years, during which I have used this article almost daily, I have found it exceedingly rare that it disappointed me in uterine or any other form of hemorrhage from the urino-genital apparatus. The combination of Quin. and Iron, as will be seen by all, is among the formulæ commended by Prof. Meigs for disorders dependent upon anæmia, in his notes to "Colombat's Treatise on Diseases of Females."

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ART. III.—*Case of Amaurosis.* By W. HENDREN, M. D., Delaware Co. Ohio.

CALLED Jan. 30th 1848, to see Mr. F., who was said to be almost blind and much deranged in general health. Received from him the following history of his case. "Three months ago, while out at work, I felt a sudden dimness of sight—so much so that, with my right eye I could scarcely distinguish even the most familiar objects. This blur or dimness occasionally disappeared, but only for a short time. At length it increased so much that I became alarmed and called on a Physician. At this time, my eyes were somewhat inflamed, and my general health declining. The Dr. bled me several times from the arm, cupped my temples, blistered the back of my neck, side of my face and temples, gave me a good deal of medicine (principally cathartic,) and directed me to observe low diet and keep in a dark room. Following this treatment several weeks, and finding myself only growing worse, I submitted my case to a Physician of some eminence. He stated my liver to be affected, gave me blue pill, and, as he said, to stimulate the nerve of my eye to action, raised the upper lid, depressed the eye-ball, and touched it with caustic. This, instead of having the desired effect, produced an intense pain in the region of the eye, which has increased in extent and severity until the present time."

According to his description the pain commenced in the posterior part of the eye, shooting back into the head and along the temporal muscle and superior maxilla, causing an aching of the molar teeth. Becoming again alarmed, he called another Physician who extracted three of the teeth of which he complained, but with no relief, and put him upon the use of Quinine. No benefit resulting, he consulted other Physicians who resorted to emetics, blistered his temples, put a seton in

the back of his neck, &c., but the patient still became worse. At this time I was called and found him despairing of getting any help. I thought there was a chance for his relief, and accordingly commenced treating his case. His symptoms when I first saw him, were as follows. On entering his room I found him holding his hand on the right side of his head and groaning distressingly. He stated that the right side of his head, face and eye, pained him much, at times excruciatingly, and that for two months he had been unable to sleep night or day (the excess of pain was such) except a few moments at a time. He could see very faintly out of the right eye, by holding up the lid, which was paralysed, hanging loosely over the eye-ball. The eye was sunk considerably in the head, pupil contracted, iris motionless. When he could see at all, objects seemed double. The flame of a candle appeared sometimes split, at others lengthened. There was much more than the natural heat in the right side of his head, and a wasting of the temporal muscle presented an appearance as though the bone was depressed. There was some tenderness on pressure over the temple and external canthus of the eye.—His gait was very unsteady, and in walking, he would reach out his left hand to seize objects, with which to sustain himself, the right hand being placed against the right side of his head. The left side was not painful, but the left eye looked dull, and the sight was somewhat impaired. His general health was bad—pulse about 85, small, but slightly tense—tongue coated with a thick, white fur—skin harsh and dry, and a preternatural fulness in the right hypochondriac region.—The vessels of the right side of the head and neck were fuller than those of the left, and there was more heat on that side. His appetite was capricious, and he was extremely nervous and dejected.

**Treatment.** In the first place I opened the right temporal artery, and drew off about 16 ounces of blood, which, he said, relieved him some—gave him a full dose of pills composed of Calomel and Bluemass, equal parts, and a small portion of Ipecac. I also prescribed a full dose of Dover's powder, to be taken at bedtime—next morning to take a dose of Castor oil.

*Jan. 31st.* Dover's powder at night.

*Feb. 1st.* Rested better last night than he had done for two months—took a dose of pills at night composed of calomel and Comp. Ext. Colocynth, with a small portion of Ipecac—Dover's powder at late bedtime.

*Feb. 2d.* Slept pretty well—medicine operated well. Put him upon the precipitated carb. of iron, 20 grs. three times per day—continued this for 3 days, with one dose of the above-mentioned pills and Dover's powder at night.



*Feb. 6th.* Felt much better—symptoms better, except the eye remained much the same. Continued the same treatment until the 10th. Diet light, farinaceous—not much change from the 6th. Increased the carb. of iron to 25 grs. every eight hours, also take one-fourth of a gr. of the extract of stramonium every eight hours, alternating with the iron. I stopped the Dover's powder, the condition of the surface being better—occasionally administered a dose of the last mentioned pills sufficient to keep up an action of the bowels.

*Feb. 15th.* Health much improved—eyes look better, but a good deal of pain in the right eye, side of the head, face and temple. Increased the dose of ext. stramonium to one half gr. taken at the same intervals. Same treatment continued until March first—prospect of recovery of health and sight very flattering. Continued the same course, except to gradually increase the stramonium, until by the 10th the dose was 1 gr., three times per day. At this date the left eye was entirely well, right much better—health still better. Ordered riding on horseback in pleasant weather.

*March 25th.* Health improving—eye looks more natural—still some pain. Carb. of iron to be stopped—continue stramonium in the same way. Take of Fowler's solution, 10 drops three times per day, in place of the iron.

*Apr. 10th.* Perfectly well—right eye entirely restored—temporal muscle filled up so as to look natural—eyes perfectly sound—cure complete—says his health is better than it has been for four years.

This gentleman's case being a very interesting one, and having been treated by several skilful physicians without success, I deem it my duty to give to the profession the course of treatment which so happily succeeded.

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ART. IV.—*Extracts from the Surgical Case Book of M. Z. KREIDER, M. D., Lancaster, O.*

CASES OF RESECTION OF THE LOWER JAW. *Case 1st.*—1826, August 10th, James Johnson, farmer, aged 26 years, presented himself for surgical relief. Stated that about two years previously he had been much afflicted with tooth ache. The tooth affected was the Dens Sapiens, on the right side of the lower jaw. Several unsuccessful attempts had been made to extract the tooth. Great inflammation, pain and swelling followed. The whole of the right side of the face became greatly swollen. Suppuration followed, and continued until the present time. Upon examination, I found the pus oozing from nu-

merous sinuses running to the bone. The matter exceedingly offensive, and of a character indicating necrosis of the bone. Making an incision upon the ramus of the jaw, down to the bone, I found this to be the case, and prolonging the incision forward toward the chin, I found the bone diseased to the canine tooth, which I extracted. Applied the saw at that point and divided the bone. Dissected its attachment to the soft parts, securing the vessels as they were divided, and disarticulated it—thus removing more than one-third of the jaw. The patient speedily recovered.

*Case 2d.* 1827, November 6th, Alexander Stall, aged 43 years, laborer. The following is the history of his case. In the winter of 1824,-5 having tooth-ache, had the second molar tooth on the left side of the inferior jaw extracted. He caught a severe cold about this time, in consequence of laying out over night in a drunken spree. Inflammation with swelling and great pain supervened. Suppuration followed, and pus was discharged from many points, both within and without the mouth. At this time he is greatly emaciated, and the jaw bone, upon examination, is necrosed, involving the articulation and also the entire chin. To relieve him, the canine tooth on the opposite side was extracted and the bone found to be sound at that point. An incision was then made, commencing below the lobule of the left ear, and at the posterior part of the ramus of the jaw, and carried down to the base of the jaw and continued around the base to the point at which the tooth had been extracted. The facial artery was secured. The flap was dissected upwards from the bone. The masseter was also detached. The attachments within were also separated from the bone. The jaw was then divided where the tooth had been extracted. The trunk of the internal maxillary lying between the pterygoid muscles had been previously secured, to prevent hemorrhage from its numerous branches. After having isolated the coronoid process, the bone was forced outward, and the internal pterygoid was then divided at its insertion near the condyle, and the bone was then readily disarticulated and removed. The removed bone was found to be much diseased, and of course, very offensive. The flap was brought down and secured by pins. The patient soon recovered without an untoward symptom.

*Case 3d.* 1843, Sept. 6th., Jonas Hartzell, aged 14 years.—Upon examination found the case to be osteo-sarcoma of the lower jaw. The disease affected the entire bone on angle to angle, saving the last tooth on each side. The tumour proceeded under the tongue so as greatly to embarrass its motions, and was found during the process of removal to have extended to and attached itself to the Os Hyoides.

The operation was commenced by extracting the first molaris on each side. An incision was then made from one ramus to the other, carrying it round the base of the jaw. Next an incision was made from the left commissure of the mouth to the first incision. The flaps were then dissected from the jaw and turned upwards. The facial arteries were secured. The saw was next applied and the bone divided on each side at the points where the teeth had been removed. The whole mass was then carefully dissected out. Vessels divided, were secured at the time by *torsion*. The tumour was found to consist of a mixture of spiculæ of bone and sarcomatous substance. The body of the jaw bone had undergone a like change. The patient recovered rapidly. The deformity is remarkably slight. Nature has produced a firm cartilaginous substance supplying the want of the jaw. Deglutition is unimpaired, and speech quite distinct.

It will be observed in all of these cases, that no precaution was used against suffocation from convulsive retraction of the tongue. This did not occur in the first two cases to any great extent—and in the last case, was soon overcome by seizing the tongue with a coarse dry towel, and drawing it forward steadily, for some time, after which the retraction was slight, and soon ceased altogether.

**ANEURISM.** George Hanstein, aged 48 years, Stonecutter, presented himself for relief, June 27th, 1841. The following is the history of this case. About twelve years ago, while engaged in turning a large granite block, one corner of the stone came in violent contact with the os pubis on the left side of the root of the penis. A stinging pain was felt for some time after the accident. A few days afterwards, a small pulsating tumour (about the size of a hazel nut,) was found to occupy the seat of the injury. This tumour very slowly enlarged ever since that time, until it attained the size of a large hen-egg. It has at no time been a source of much inconvenience. A week since the man went to bed as usual—about midnight he awakened suddenly, feeling a stinging pain about the place of the tumour, and putting down his hand to the part, was surprised to find that the tumour had disappeared. He soon however discovered that the scrotum was much enlarged, and that this enlargement was rapidly augmenting. The following are the dimensions of the scrotum at this time—length 2 feet—circumference near apex, seventeen inches—at middle twenty-two inches. Upon making an incision into the scrotum upon the left side, a large quantity of partially coagulated arterial blood escaped. Finding that hemorrhage still continued, I dilated the wound upwards and found the bleeding



vessel to be a branch of the Epigastric—and was the vessel which had been originally injured, forming an aneurism, whose walls giving way, had suffered the blood to escape and find its way into the scrotal sac. The vessel was secured by ligature—the coagula entirely removed from the scrotum, the wound closed by interrupted sutures and adhesive strips—some slight suppuration followed—but in a few days the parts healed and the man speedily and perfectly recovered.

ART. IV.—*Case of Diabetes Mellitus*. BY S. M. SMITH, M. D.,  
Professor of Mat. Medica &c., in Starling Med. College.

MRS. B. aged 26—of a sanguineo-nervous temperament, of fine intellectual endowments, cultivated in a superior manner—came under my care about the 12th of Nov. 1847, laboring under Diabetes mellitus; symptoms of which had existed for at least a month previous to this date, but had attracted but little attention, having been referred to other causes. Her physician before this time, thinking the symptoms indicated something serious, intimated his fears, which on learning that the patient had lost two brothers by the same disease, were increased, and on testing the urinary secretion, confirmed. This, at that time, was found to be of the sp. grav. of 1.046, and containing saccharine matter in abundance. Immediately on reaching this city the case came under my care.—I found the patient suffering with excessive thirst; skin slightly dry; pulse somewhat accelerated, ranging from 88 to 94 per minute, full but soft; slight constipation, but easily overcome by the use of small doses of carb. magnesia;—pain in the lumbar region and through the loins; some emaciation; appetite rather inordinate;—secretion from the skin obvious only on brisk exercise; urine secreted in quantities varying from five and a half to something over six quarts in the 24 hours; of a very clear, aqueous appearance but somewhat *syrupy* in consistence and appearance, yielding no sediment upon standing;—of a sp. grav. of 1.045, strongly saccharine, containing 72 grs. of solid matter to 1000 grs. of fluid.

The patient was immediately restricted as far as possible to animal food, directed to refrain from liquids as much as the inordinate thirst would allow, and use mild laxatives as needed to secure regularity of the bowels, and to use a bath of about the temperature of 72 deg. In addition to this, she was put upon the following mxt.

R	Vin. Ipecac.	3j.
	Sulph. Morph.	griiiss.
	Tannin,	3j.
	Aquæ destil.	3iij. Mix.

Dose, a dessert-spoonful 4 times every 24 hours.

At the end of a fortnight, the symptoms all seemed improved. During this time menstruation occurred regularly, the skin was less dry—the pain in the lumbar region, except at the menstrual period, less, and the pulse ranging from 80 to 86 per minute—the secretion of urine diminished more than one quart, not so colorless, and spec. grav. 1.035. This treatment with but unimportant variations, and occasional interruptions, continued for more than a month longer, and with an obvious improvement of all the symptoms, and a diminution of the sp. gr. to 1.031—secretion almost natural in quantity, of much higher color and throwing down a sediment on standing. The patient was directed to take moderate exercise, and allowed a little more latitude in diet. For some time no unfavorable change occurred, and no alteration in symptoms, except a more variable appetite. The next menstrual period was only indicated by slight pains in the back, &c.—Sometime after, but before the arrival of another period, the patient, after some fatiguing exercise and a fright during a ride, was attacked with uterine hemorrhage, followed most probably by an early abortion. Within 48 hours after this, the diabetic symptoms returned, and soon increased to their former activity. The same general treatment, with the omission of astringents and the occasional use of derivatives was followed for the two succeeding months with an improvement, but not so marked as before; the emaciation, the dryness of skin and thirst still continuing. Upon the supervening of symptoms indicating pregnancy, the secretion was more decidedly and more permanently reduced to the natural quantity, though its constitution was but little altered from what it was under the previous treatment. The omission of medicines not being followed by any increase of the symptoms, they were discontinued, until the patient left for the northern part of the state, and was absent near two months. On her return an increased emaciation was observable, but no increase of the urinary secretion occurred until the fatigues of domestic duties consequent upon assuming household-cares, seemed to favor its return.—From this time her decline was rapid, though the use of opium seemed to control all excess in the secretion. Extensive effusion into the cellular tissue of the extremities, great pain in the lumbar region, loss of appetite, excessive dryness of the mouth, fauces and skin, thirst, and great distress from nervous

excitability, almost a suppression of the urinary secretion existed for a few days previous to dissolution, which took place on the 27th September.

*Autopsy 20 hours after death.*—Great emaciation—a pregnancy of 7 months—fœtal death at least three days previous to maternal—abdomen very much distended, from the excess of amniotic fluid.

*Liver*, softened, somewhat lighter colored than natural.—*Gall-bladder* not distended; bile, dull yellow, approaching to brown. *Spleen*, dark colored, shrunken, very soft, pulpy, but little more consistent than a coagulum of blood.

*Intestines.*—General external color, an almost uniform dark brown; mesentery, nearly same. Mesenteric glands nearly natural. Intestines filled with a dark matter like tar, or rather like dark paint. Two feet of intestine removed for examination; mucous membrane of natural consistence, brownish color; mucous follicles enlarged in patches.

*Stomach.*—Size and shape natural; color somewhat lighter than that of intestines; mucous membrane looking throughout the larger curvature almost like a layer of coagulated blood; most intense congestion, but no softening. Under the microscope, the enlarged capillaries presented a most beautiful appearance.

*Kidneys*, of the usual size, capsule of the left, thickened and enlarged. In the cortical portion near the pelvis,—two small abscesses, containing pus, as was proved by the microscope. This organ pale and flabby. Right kidney nearly healthy as far as could be observed.

*Lungs.*—Right, firm adhesions at apex; perfectly healthy.—Left, free and healthy. *Heart*, extremely flabby—empty.

*Remarks.*—In this patient there was evidently a *family* predisposition to diabetes, though not inherited from ancestors, as far as known. Many of the symptoms enumerated in the books were present, such as absence of the sexual desire, an early feeling of lassitude, bodily and intellectual, and considerable disturbance of the nervous system. Although previously enjoying most perfect health, yet her strength had, during the spring and summer, been severely taxed, and her feelings warmly enlisted in caring for some sick friends, with whom she watched day and night for weeks in succession, all of which no doubt, was influential in developing this disease.—In the treatment, opium seemed by far the most efficacious remedy, in diminishing and changing the secretion. Post mortem appearances give no clue to the true pathology of this, as yet, obscure disease.



ART. VI.—*Mortification of the lower extremity from tight bandaging ; removal of the limb at the knee-joint ; no cure ; amputation thirteen years afterwards ; cure.* BY RICHARD P. CATLEY, M. D., *Dela-ware*.

Mr. Solomon Schmel, aged 33 years, says he "was formerly a resident of Berks county, Pennsylvania, where, about thirteen years ago, he was thrown from a horse, the animal falling with him ; and that whilst on the ground the popliteal artery of his right leg was lacerated by the shoe of the horse, and he thinks part of it was torn away. A practitioner was called, who, to stop the bleeding, bound the limb just above the knee very tightly. The bandage was allowed to remain two days and nights without being slackened, which caused, ultimately, mortification of the lower part of the extremity up to the points around which the bandage was applied. A second practitioner was called, who removed the leg by disarticulation at the knee-joint. The soft parts, however, sloughed about two inches higher up the limb, leaving the bone nearly naked. This, in time, was again mostly covered with something like flesh and skin, but it never healed entirely, though he had been able to perform some labor. For the last year, however, the diseased part has been getting much worse."

Dr. Blymyer and I saw the patient in April last, for the first time. The knee, or rather what had once been the knee, presented the following appearance ;—on the lower part of the stump for a space of about three inches in breadth, was neither cutis nor cuticle, but a sort of epithelium terminating in a mass of fungus, which covered the end of the stump and also the posterior part to the height of two or three inches. The texture of this fungus was as coarse as a very coarse sponge. It gave out at every point, a profuse sanious discharge, and bled freely on being slightly touched.

The patient's health was evidently suffering much from this cause. We told him that no cure could be expected but by a removal of the part. He did not seem prepared to submit to this at that time, and therefore we prescribed astringent lotions.

On the last day of June he sent for us and told us then that he had determined to have the diseased part removed, if we thought he could bear it without causing immediate death.—We informed him that we thought he would be able to bear it, and that it was certainly the only chance for him, for by this time he was much debilitated, had a pulse at 120, a troublesome cough, and pain in the chest ; his countenance, though not exactly cadaverous, was truly alarming, and he was really failing fast. He desired a day or two to fix the time.

On the 6th of July I amputated the part, in the presence of Drs. Blymyer, Mann, Gerhard, Howel, Johnson, and Williams; the first two of whom rendered me much assistance.

There was nothing new or uncommon in the proceeding.—Anterior and posterior flaps were made in the manner I have frequently seen Mr. Liston of London perform the operation; the bone was sawed about the upper part of the middle third of the thigh; the arteries having been tied, the contact of the flaps was secured by a few points of suture and strips of isinglass plaster.

Union by the first intention was obtained to a considerable extent, though a profuse discharge continued some time from an opening left about midway between the ends of the seam formed by the meeting of the flaps. This was closed by the 20th day after the operation, except a small fistulous orifice, about the size of a large goose-quill, which still discharged rather freely.

The vast drain from the system having been suddenly interrupted by the removal of its outlet, (the fungus,) the resources of nature seemed to accumulate and require a vent. The discharge now increased rather than diminished; the patient became plethoric, with a full bounding pulse; secondary hemorrhage took place, and we were summoned in haste one morning, to arrest it. Dr. Blymyer arrived at the residence of the patient first, but the bleeding had subsided before he got there. It came on again, however, in some eight or ten hours, and I was again summoned to the case. The bandage around the stump which the patient had applied the evening previous, was found to be quite tight, and the temperature of the part much higher than that of the other parts of the patient's body. I directed the bandage to be removed, and cloths wet with cold water to be applied to the stump, and to diminish the vis a tergo, a pint of blood was taken from the arm, and the patient was ordered to live rather abstemiously for a few days.

The hemorrhage did not return, but the discharge still continued, and was now rendered dark colored by the dissolving of the coagulum formed within the cavity between the flaps. An injection was ordered to be thrown in three times a day, composed of tannic acid and rain water, three grains to the ounce. Under this treatment the discharge improved in appearance, and became less, and the cavity filled up in about ten days more. It has been entirely healed some weeks, and the patient has a very excellent stump. He is every way in fine health, and frequently walks to town and home again, with the help of a crutch, without apparent fatigue. He has also made an engagement to drive a team, and haul wood to

Delaware through the fall and winter, and has commenced his labors in this employment.

This adds one more to the many instances in which the art of surgery has snatched a fellow-being from the jaws of death, and restored him to a state of comparative comfort—to a state in which he is able to provide for himself and family.

I dissected the amputated part in the presence of Dr. Blymyer and Mr. White, by cutting down on the bone, and dividing it longitudinally with a saw. The fungus gradually became denser, and terminated next the bone in a sort of fibrocartilaginous substance. The condyles of the femur were absorbed, and the end was rounded or bulbous; the medullary canal was prolonged to near the end of the bone, increasing in calibre towards the lower part, which also terminated in a bulbous extremity. The osseous portion around this was composed of two tables with a cancellated structure between them, the cells of which were filled with a fluid resembling healthy pus. The bone was not carious or discolored.

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## PART SECOND.

### AMERICAN INTELLIGENCE.

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ART. I.—*An Account of a severe form of Epidemic Miliary Fever, which appeared at Fort Snelling, Upper Mississippi, in the Winter of 1847–48.* By GEORGE F. TURNER, M. D., Surgeon, U. S. Army.

DURING the past winter there has prevailed here, and in this vicinity, an epidemic miliary of serious character, confined almost exclusively to children, which, so far as I know, is in many respects peculiar.

The first two cases occurred almost simultaneously, about the 20th December, 1847, in children of the same family, and proved rapidly fatal, and since that time the disease has moved slowly but steadily on, attacking family after family, till there now remains but few subjects for its visitation.



In its access it resembles the eruptive fevers generally; the leading symptoms being, in a majority of cases, vertigo, drowsiness, rigors alternating with flushings, pains in the back and lower extremities, great lassitude, coldness of the feet and hands, followed, generally in the course of twenty-four hours, by soreness of the throat, the inflammation usually begins in the tonsils, which are early dotted by ulcerated points, the fauces soon becoming inflamed, and subsequently the mucous membrane of the nose. The tongue at this stage usually presents a peculiar appearance, as if rubbed with chalk; the papillæ showing above the white ground of a dark red hue, and the breath is now intolerably offensive. The febrile action, which is highly inflammatory, being now fully developed, the skin is hot and red, accompanied by a sense of pricking and itching which is sometimes excessive, and delirium is apt to be present, and in favorable cases the eruption (attended by a general roughness of the surface, constituting *cutis anserina*,) begins to appear within forty-eight hours from the first indisposition. The eruption shows itself first on the loins, and extends gradually over the back and abdomen, and often over the entire surface; the face being the last to show the rash. It is distinctly vesicular, rendering the skin rough and of a deep red; disappearing on one part and appearing on another; the desquamation, in branny scales, commencing in favorable cases about the third day from its first appearance; though in many cases the eruption has reappeared from time to time, not in the vesicular form, but merely showing beneath the cuticle, for three, four and five weeks after the subsidence of the original disease. In one case a second eruption occurred three weeks after the disappearance of the first, closely resembling rubeola; the patches being interspersed with the weals of urticaria, and this was fatal, from the supervention of peritonitis on the sudden retrocession of the eruption.

An excessive eruption has not been as favorable as when less extensive, leaving one part to appear on another. The former cases have been attended by an increased degree of inflammation of the fauces and mucous membrane of the nose, and have been followed by more and severer sequelæ.

The most severe cases have been those where the eruption from the first has been barely visible, and where gastric irritability has been great.

With a few exceptions, bronchial symptoms have been slight, or altogether wanting.

In the most favorable cases convalescence has commenced about the seventh or eighth day, though few cases have pro-

gressed to perfect recovery without relapses from the sequelæ, more painful and serious than the original disease. In fact, this disease (except where alarming symptoms have early appeared,) has not assumed its most formidable character until after the eruptive stage has terminated. Convalescence has been tedious and uncertain; and enlargements of the parotid and cervical glands, otitis, with abscess within the ear, muscular pains resembling rheumatism, and anasarca, have formed the usual sequel. Of the forty-two cases which have come under my care, thirty-seven have been children under twelve years old, (and this number embraces nearly all the children in this immediate vicinity,) four were adult females, and one male. Six deaths have occurred thus far. One from laryngitis, one from meningitis, two from bronchitis, all rapidly fatal, (the eruption having never been fully developed, but only slightly perceptible, and that in a very limited extent,) and two from peritonitis, relapsed cases, after four or five weeks from the subsidence of the original eruption. Many cases which have recovered have been of a most serious character, and altogether the disease has been formidable. As to its mode of propagation, I cannot compare it with any epidemic I have seen. As a general rule, where it has entered a family, none of the children have escaped, but have all suffered within from three to six or seven days; though there have been a few striking exceptions. In one family, two children had the disease, and after an interval of seven weeks another took it, and then a fourth after the lapse of five weeks, and a fifth a few days subsequently; the remaining three having thus far escaped.

In this garrison, of eleven children occupying adjoining quarters on one side of the parade, ten were attacked, and not till six weeks after the last case, did the children on the opposite side begin to suffer.

The disease is probably, under favoring circumstances, slightly contagious. I have seen, in previous years, isolated cases, and its prevalence this season seems to depend on some inappreciable atmospheric peculiarity.

It has prevailed epidemically among the Sioux Indians of this vicinity while on their winter hunt, attacking indiscriminately all ages and sexes; but with them, from causes probably connected with their mode of life, it has been comparatively mild. In the memory of the oldest Indians, this epidemic has occurred amongst them twice before, and is peculiar to the cold months in this climate.

The treatment of this disease has been dictated by general principles. Emetics of ipecac., when not contra-indicated

by gastric irritation, have proved of decided benefit, when given at the very onset, and subsequently mild cathartics through the whole course of the disease; though the persevering use of tepid sponging has been of more essential service than any other single remedy; allaying excessive heat of the skin, and general vascular excitement, obviating delirium and restlessness, and promoting sleep; thereby diminishing materially the risk of local congestions and inflammations; which have constituted the chief danger in recent cases.

Rooms highly heated by stoves, with imperfect ventilation, and too much bed covering, have proved in the highest degree pernicious during the eruptive stage; aggravating in a marked degree every serious tendency.

During the tedious and lingering convalescence, tonic and alterant treatment has been indicated.—*N. Y. Jour. of Med.*

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2.—*Treatment of Erysipelas.* By H. G. DAVIS, M. D., *Millbury, Mass.*

IN August 1846, I was called to E. C., a female, aged seventeen, of sanguine temperament, florid complexion, auburn hair—had always been in perfect health. She was attacked with chills and fever, caused, as she supposed, by taking cold. She complained of severe cephalgia. The mind sluggish, and a tendency to forget a question before she would be ready to answer. The tongue was dry and brown, with extreme heat of skin. I attributed much of the disturbance of the system to the fact that it was the first day of her menstrual period, and the discharge was stopped by her taking cold. I ordered an emetico-cathartic, composed of cal., pulv. sang. and followed it with diaphoretics and alteratives. There was a mitigation of all the fever symptoms, with the exception of the pain in the head, which continued with but little abatement. On the fourth day the erythematic inflammation made its appearance between the eyes, and extended over the nose and upon the forehead. It was first discovered soon after my visit in the morning, and I did not see it until evening.

I then applied nit. arg. around the inflamed surface, and slightly upon it; kept the face cool with spirits Mindereri. In the morning the inflammation had passed over the parts to which the caustic had been applied. I now painted it over with the alcoholic solution of iodine, but this did not check the progress of the disease; it advanced at a uniform rate. In the afternoon I called in my friend Dr. John Green, of Wor-



chester. He considered the case a grave one, and advised a continuance of the iodine, and a free use of the saline cath., sufficient to produce several dejections during the twenty-four hours. This advice was followed strictly. Through the next day, the inflammation advanced as rapidly as before, the treatment apparently not equal in power to the disease.

From the circumstance that I had seen this form of erysipelas mostly among intemperate persons, in hospital practice, at Bellevue, N. Y., whose constitutions were impaired by their habits of indulgence and exposure, rendering them not only trying cases to the physician, but frequently unfortunate, I was anticipating anything but a favorable issue. I mention this as a reason why I had not much confidence in any plan of treatment, and was prepared to adopt any course which might seem to possess power sufficient to control the disease.

In reviewing the medication recommended, most of which I had used and seen used, I found that a majority of it had a tendency to diminish the temperature of the parts to which it was applied; and that I had experienced the best results from that form which effected this object the most perfectly. Reasoning from these facts, I came to the conclusion that I would carry the refrigerating process to that extent, that it would control the inflammation, or give rise to some unpleasant symptoms that contra-indicated its continuance. In order that a thorough trial might be made of checking the inflammation by reducing the heat of the parts below their natural standard, I added salt to the ice, which is the mixture by which cream is frozen in the manufacture of ice creams. This was put in a vessel and covered with a blanket. I then had a change of folded cloths, so that while one set was upon the patient, the other was upon the ice. The first application allayed the pain, and this relief continued until the parts began to grow warm again, which, at first was not more than three or four minutes. It being necessary to apply the cloths in strips, it was a continual process of change. When the inflamed part was kept so cold as to feel almost like ice to the hand of the nurse, the patient would sleep quietly, and was free from pain; but if the attendant neglected to change the cloths in a given time, the pain would wake the patient.

From the commencement of this treatment, the inflammation not only ceased to progress, but began to subside, the general symptoms improving in the same ratio. After a few hours the cloths required changing less often; and as the disease yielded, she complained that the application made her chilly. The sensations of the patient (so far as evidence can be derived from four cases,\*) are a safe guide upon this point.

\*One since, making five.

This case went rapidly on to perfect restoration, without any untoward circumstance to mar the happy result, or tend to create distrust of the truth of my deductions.

*February 28th*, 1847, was called to a young man, aged 28, very fleshy, of temperate habits, and good general health. Four days before, he was taken unwell, complained of headache, chills and general symptoms of fever. The pain in his head increased, until he was unable to work. This was on Saturday, the third day. His wife gave him a sweat, as she said; he perspired freely, and the head was relieved, but in the morning she discovered redness and swelling at the inner canthus of both eyes, and across the nose. It was upon the evening of this, the fourth day, that I was called to see him, for the first time, and found the inflammation had extended over both eyelids. I administered the same general remedies and painted the inflamed surface over with iodine, made cooling applications, circumscribed the diseased portion with nit. argenti, keeping it upon the healthy skin. This caused vesication, but did not prevent the progress of the disease.

I now had recourse to the freezing mixture, as described in the other case. The general symptoms being so bad, I desired counsel, and Dr. Green was sent for. On his arrival, he advised a continuance of the treatment, as it had been so successful in the other case. The inflamed surface was excessively hard; it had, as Dr. Green remarked, a woody feel. This extreme refrigeration checked the spread of the inflammation, and the recovery was rapid. On the fourteenth day from the attack, after eating a hearty dinner and taking considerable exercise, the cheek began to inflame, but it was controlled immediately by the application of ice.

*May 20th*, 1848, Saturday, was called to see a young miss, aged eleven, in consultation. She had been under the care of Dr. Corlew, from the Wednesday preceding, at which time the erythematic inflammation made its appearance, and first upon the nose and between the eyes. The usual treatment had been pursued from Wednesday, until the time of my seeing her on Saturday about 1 o'clock, P. M. At this time the whole face, ears, and about two and a half inches of the scalp, were inflamed and much swollen, so that it was with great difficulty the eyelids could be separated sufficiently to exhibit the eyeball; yet it had not that indurated feel of the last case. The lower extremities were cold, the upper portion of the body very hot. The pulse varied from 130 to 140, and was quite feeble. The pain in her head was most intense, accompanied with raving delirium; she did not recognize her parents, or any one about her, but was constantly exclaiming,

that "they had split her head open," "they had cut her head off," "they had killed her," &c., indicating the suffering she was undergoing.

Just after I had prescribed for the patient, Dr. Green arrived; and after making an examination, he stated to the attending physician, that he had seen three or four cases that I had treated successfully in this way, and he must say more so than he had anticipated, and he should advise its continuance. The face having blistered in several places, the salt could not be borne, and cloths cooled only by the ice were used. Before leaving, gave four or five grains Dover's powder. At 5 o'clock, saw her again. She was quiet, had slept some, was calm and rational; said she had some pain in her head, but before I was through with examining the extent of the inflammation the pain became so intense that she cried out from the suffering. This was relieved as soon as the cold cloths were applied again. The bowels were moved several times a-day by the Rochelle salts; she took an infusion of *Asclepias tuberosa*, with fifteen or twenty drops of spts. nit. dulc. every three hours. After a few days the rad. serp. virg. was added to the infusion.

On the 8th day from my first visit, all symptoms of fever left her, and her recovery was rapid. A small abscess of a strumous character formed on the inferior maxillary bone, and another upon the forehead; the latter did not require opening.

In all these cases the rooms were kept cool, and there was a free circulation of air.

There are some conditions which appear so essential in order to accomplish the object sought by this plan of treatment, that I will mention them.

1st. The temperature of the inflamed parts, and for some distance around, should be kept much below the natural standard.

2d. Care should be taken that no small portion is overlooked, so that the inflammation may be extending itself unperceived at that point.

3d. The diseased parts should be kept *constantly* cold.

If this last precaution is not taken, and the parts become hot, the inflammation will extend rapidly, and it will require some hours to recover what has been lost.

This treatment can be considered no other than topical, and sustains no different relation to the general or constitutional medication, than any other local remedies; and I can perceive no objection to its being adopted, let the internal remedies be what they may. I should recommend the application of the alcoholic solution of iodine to the surface, as it serves to pre-



vent vesication, and probably is of advantage beyond this, in changing the condition of the parts beneath the scarf skin, or cuticle, by reason of its acrid and alterative power.

In the last case where the disease had extended behind the ears, under the chin, and upon the neck, I found it difficult to apply cloths so as to reach all the parts and keep them constantly cold. These difficulties suggested the idea of suspending the head in a net, or what might be obtained in almost any family, and would answer as good a purpose, the article termed tidies. This mode of suspending the head would allow the pillows to be moved, and allow a piece of oil-cloth to conduct off the water; I then would place over the head of the patient a vessel containing ice and salt, the water from which would be let upon the head through a faucet, in such quantity as was desirable. The parts desired to be kept wet should be first covered with cloths.

In this way I think all of the conditions I mentioned could be complied with, and a favorable result secured, without the fatigue, anxiety, and more than all, the liability of failure by reason of the unfaithfulness, or want of judgment of attendants.

The temperature of the parts could be regulated by the quantity of water permitted to flow, or by the ice and salt, or by both together.—*Boston Med. and Surg. Journal.*

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### 3.—*Case of Periodic Convulsions Cured by Electro-Magnetism.* By H. L. BYRD, M. D., of Georgetown, S. C.

THE following case may not prove wholly uninteresting to your readers, as it presents a practical illustration of the beneficial action of one of our most powerful remedial agents, and one too which admits of application to so great a variety of diseases. Electro-Magnetism is now claiming a large share of the attention of the profession, but to what extent investigations may ultimately lead, is of course difficult to determine. If we may be allowed to prognosticate, however, we bespeak a very high position for it in the control of diseases of the nervous system.

Harriet, aged twelve years, was sent by her master, R. W. Shackelford, Esq., from his plantation to town for medical treatment. I saw her on the afternoon of her arrival (5th of April, 1848;) found her insensible; hands clenched; pulse 85, soft and compressible; skin natural; head cool; respiration regular and easy; occasional moaning; jaws clenched. Soon after my arrival a convulsive action of the muscles took place;

this lasted several minutes, during which time she rolled and threw herself about violently on the floor. These paroxysms occurred at irregular intervals for three hours, after which she sank into a sound sleep from which she awoke at 9 P. M., feeling, as she expressed it, "*well*." Three weeks previous to my seeing her she was attacked with the first paroxysm, and up to the date of my visit they had recurred regularly every afternoon, lasting each time from three to four hours. During the mornings she attended to her usual occupation, that of nurse to one of her master's children—entirely free from any disturbance in her system whatever. She had been bled freely, purged, and blistered on the back of the neck and between the shoulders. I examined her head and found it well formed; no part of the spinal column offered any symptom which showed a deviation from a perfectly healthy condition. She had never received any injury of either the head or spine, and up to the appearance of the first paroxysm had enjoyed excellent health, nor was anything developed during our subsequent investigations and treatment sufficient to account for the fits. Ten grs. of calomel were ordered for the evening of the 5th, and castor oil and spts. turpentine for the ensuing morning.

April 6th, 9 o'clock A. M., found her up, expressed herself as feeling well; lively and communicative; pulse natural, 78; oil and turpentine acted several times, abdomen soft, no soreness on pressure over any portion of it, tongue clean and natural.

4 P. M., called to see her in a paroxysm similar to that of yesterday, applied large mustard poultice to abdomen and mustard plaster to inside of arms and legs; when she could swallow, (which was at irregular intervals) gave large doses of tinct. valerian and assafœtida, and enemas of same with turpentine occasionally; paroxysm lasted three hours and passed off as usual.

From this time to the 10th of April she presented the same condition during the forenoon described above, the convulsions recurred regularly at 4 P. M., each day, gradually increasing in violence, and lasting, as usual, from three to four hours.

During the above period she was treated with calomel, turpentine, valerian, assafœtida, blisters over epigastric and hypochondriac regions, enemas, &c. During the forenoon of the 9th she took 2 grs. of sulph. quinine and  $\frac{1}{2}$  gr. of sulph. morphine at intervals of two hours, and on the morning of the 10th the same doses of quinine alone. I proposed to my friend, Dr. T. J. Dozier, who had several times seen the case,

the use of Electro-Magnetism. We visited the girl at 4½ P. M., on the 10th and found the fit on her; the fingers were violently pressed into the palms; the forearm flexed on the arms, and both drawn forcibly against the chest; the knees drawn up on the abdomen; pulse 90, regular and soft; surface cool; unable to swallow. With an assistant to keep her still we applied the poles of an ordinary Electro-Magnetic battery, the one to the occiput, the other to the sacrum. A violent convulsive movement immediately occurred and she escaped from our assistant. We soon, however, repeated the application and held her securely; in 4 minutes we had the satisfaction of seeing the muscles relax, and in 7 minutes she exclaimed, "*you are burning my back.*" She had never before spoken a single word during the paroxysms which as above stated lasted from three to four hours. From the time she spoke until the present (19th May) she has never had the slightest return of paroxysms and is in high health. We continued the use of the battery on the afternoon of the 10th an hour, and repeated it for the same length of time, beginning at 4 P. M., on the 11th of April.—*Annalist.*

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4.—*On Phthisis and other Diseases of Lima, S. A.* By ARCHIBALD SMITH, M. D.

[For permission to copy the following interesting letter, (which, if not intended for publication by the author, is eminently worthy of it,) we are indebted to the kindness of Professor Dunglison. It gives a very different account of the liability to phthisis in Lima, from what we have previously had; and furnishes additional proof, that mere uniformity of temperature of the most genial character does not afford that immunity from disease of the respiratory organs that we are accustomed to expect.—*Ed. Examin.*]

ROBLEY DUNGLISON, M. D., Jefferson College, Philadelphia:

*Lima, 13th May, 1848.*

*Dear Sir,*—It has been my good fortune, a few days ago, to have met with a recent edition of the *Cyclopedia of Practical Medicine*, revised with additions by you. In turning to the article *Climate*, of this admirable work, I was surprised to find it stated, at p. 449, vol. I., that "Dr. Burrough resided four years in Lima, and did not meet with a single unequivocal case of Phthisis which originated there during that period; although scrofula was not uncommon." Desirous to



rectify the conclusions that may be drawn from this statement, put forth in a work of such high authority, and so ably revised as it is by you, I take the liberty to address to you this letter, in order that you should be put in possession of the *real fact*, that cases of *unequivocal phthisis* are not uncommon in Lima. How this prevalent disease could have escaped the observation of Dr. Burrough, I cannot imagine, except it may have been that his practice was chiefly confined to foreign residents.

I flatter myself that you will kindly forgive this liberty, persuaded that the zeal and talent with which you successfully labour to diffuse the facts and reasonings of that profession of which I have the honor to be a member, will not be offended by any contribution which I can offer regarding the climate or diseases of Lima, with which a long residence has rendered me familiar in every class and rank of its population.

This capital covers a great extent of surface, and is interspersed with extensive orchards and convent grounds, all well watered by aqueducts, but productive of malaria, which at certain seasons—especially the autumnal—spreads ague in every street. The lower part of the town is only two leagues from the sea, and but a few hundred feet above its level, whilst the higher part is not quite a league from the nearest chain of mountains; and the suburbs are detached by the river Rimac, over which there is a bridge of communication, and flanked by the adjacent hills of San Christoval and Amencaes. Lima, thus situated between mountain and sea, and refreshed by a river, is free from the extremes of heat or cold. The temperature of the higher part of the city, which is skirted with orchards, is a few degrees cooler than that of the centre, near the cathedral and palace square. In the latter locality, during the dry season, the thermometer of Fahr. rarely rises above 80°—82°, and in winter it seldom falls below 60° within doors. The ordinary difference of range between the night and day thermometer is from three to four degrees in airy apartments, with brick floors, open windows and verandas, such as are common in Lima and on the coast. The hygrometer—Leslie's—seldom exceeds 50 degrees in the dry season—from November to May—or descends below 12 to 15 degrees in the cooler and more humid wintry months—from May to October. The barometer may be specified within the narrow range 29·910 to 29½. Rain is so rare as to be scarcely ever witnessed; for what is called the wet season in Lima and its environs is little more than a morning and evening haze, with a kind of Scotch mist or drizzle. The atmosphere of the coast

appears to have little or no electricity. Thunder and lightning are, like hail, snow and sleet, unknown in this bland atmosphere: on the Cordillera, indeed, these wars of the elements are prevalent during the wet season, when it rains in torrents; but even in these alpine regions it seldom rains before 2 P. M. On the Andes or Cordilleras, as on the coast, the seasons are properly divided into the wet and the dry. But the dry months of the mountains are the wet of the coast, and the wet season of the coast the dry on the mountains. On the coast, January, February and March are the hottest of the dry months; and June, July and August the most foggy and drizzly of the wet season.

The inhabitants of Lima and its adjacent maritime valleys are, many of them, of white parentage, but more generally a mixed race of all grades between the Indian and African, as well as between the white and Indian, and the white and negro. The white infant is generally reared at the breast of the black nurse; and is frequently passed from one to another, until the parents think that they have secured a proper one; but with all the care and anxiety inseparable from such transitions, the white child is often tainted in its blood from its earliest infancy. The white mother is, in this fair, but deceitful climate, so prone to *hæmoptysis* and *phthisis* as a consequence of nursing, that she is hardly ever able to suckle with impunity. But though in this respect the white parent is more tender than other women of inferior caste, yet delicacy of constitution is not confined to females of any class. Among all ranks of the community a general laxity and weakness of habit is prevalent. Errors of diet and education, with the entire neglect of medical police, may have much to do in developing the weakly physical character of these people; yet independently of all such causes, there is a want of tone or energy inseparable from the climate itself, which affects not only man, but also, in a most remarkable degree, the dog species, soon depriving even the English bull-dog of his ferocity and vigour. In short, whatever the cause may be, the fact cannot be concealed, that the European soon degenerates in this climate; and that the native, whether of European or African descent, shows an early predisposition, even in childhood, to habitual congestive diseases, such as hæmorrhoids; blenorrhœa; uterine, intestinal and pulmonary catarrh, which are too often precursory of dysenteries, cancer uteri, phthisis, asthma with disease of the heart and dropsy; not to mention gastric and other fevers consequent on a deranged state of the stomach, liver and bowels, besides the aggravating effects of the prevailing *malaria*, which always displays its influence

when the general health is impaired by divers other diseases. In the autumnal season especially, convalescents from other acute diseases are very prone to ague in some form or other. Yet in spite of all such multifarious ills, the climate of Lima has ever been exempt from any great or sweepingly fatal epidemics. Typhoid symptoms are sometimes sporadic in certain cases of fever, but never contagious; and the yellow fever has never approached nearer than Guayaquil, on the Equator—12 degrees north of Lima.

With regard to phthisis, when imported by sickly sojourners from Chili and other parts, it is true that such invalids seem to get better for a short time after their arrival in Lima; but the amendment is more in the feelings of the patient, soothed for a while by the comparative mildness of the air, and the out-door exercise which animates the sinking spirits, after the confinement and monotony of a sea voyage of greater or less duration. But the painful truth remains to be told, that though the organic lesions may thus be more or less modified, or arrested, for a time, especially during the summer months, yet the disease, in the long run, makes sure progress to its fatal termination. It is usual, in consultations on such exotic cases, for Lima physicians to recommend the patients to retire from the capital with the least possible delay.

Hæmoptysis is often symptomatic of simple pulmonary congestion in the fevers of the coast—especially among negroes—and of amenorrhœa among young females. Be its origin what it may, its appearance is always associated with the idea of phthisis; because most of the fatal cases of this destructive disease in Lima are attended with spitting of blood at some stage of their progress: hæmoptysis—one of the most prevalent disorders in Lima—is therefore looked upon by every Limenian as a precursory symptom of phthisis pulmonalis; and its fatal consequences are so well known to the physician, and so dreaded by all, that the patient who hopes to escape with his life is ordered to leave the warm and humid air of the coast for the more congenial air of some inland valley of the Andes, where every diversity and gradation of temperature may be met with. The very warm and dry atmosphere of some inland valleys does not appear the most suitable, even though the *annual range* of the thermometer (Fahr.) be only from 66 degrees to 72 degrees, as, with little variation, is the case in the vale of Huanuco, between the Eastern and Western Cordilleras. Tarma and Canta, both about 10,000 feet above the level of the sea, and of a moderately humid temperature, at about 60 degrees Fahr., are the favourite and approved haunts of hæmoptotic convalescents



from Lima. Scrofula, in form of what the natives call "lamparones," or clusters of swelled glands in the neck, is a common disease among all castes, but more especially in a certain dark race of mulatto and negro parentage, very much employed as domestics, and from whose number nurses for the white children are often provided; though when it can be done, the negress is always chosen, as it is imagined that her milk is less heating. The black cow's milk is also preferred on the same idea. By popular consent and phraseology all things eatable or drinkable are divided into cold and hot; but in the application of this fundamental principle of Spanish-American dietetics, very fatal vulgar errors are committed; and particularly in cases of incipient pulmonary disease, wherein they attribute all to "*ardor interior*," or an internal heat, which they offer to correct by *iced beverages*, sitting in draughts between open doors and windows, and exposing the chest and shoulders to the chilling action of such artificial currents of air—very often the cool night air!

Diseases.	Total of the Five Years.			Average of.
Dysentery, - - -	-	2381	-	476 1-5
Fevers, - - -	-	2547	-	509 2-5
Tabardillo or low nervous fevers,	363	-	-	72 3-5
Phthisis, - - -	-	1548	-	309 3-5
Pleurisy and pneumonia,	-	774	-	154 4-5
Dropsy, - - -	-	520	-	-
Cholera morbus, - -	-	8	-	1 3-5
Malignant pustule, -	-	2	-	2-5
Small pox, - - -	-	118	-	23 3-5
Convulsive cough, -	-	22	-	4 2-8
Sudden deaths, - -	-	206	-	41 1-5
"Fusilados" or shot, -	-	11	-	2 1-5
Various diseases, - -	-	7280	-	1456
		15780		3156

In order to show the extent of mortality in Lima, and the relative proportion of fatal diseases, I have given an authentic Table of Mortality, from the official reports of the public cemetery or Pantheon of Lima, during the five years 1842 to 1846. This Table, however, does not include English or Americans *not* Roman Catholics, who have a burying place of their own near the seaport of Callao—two leagues from the capital.

It may be interesting to premise that the whole population of Lima, by the latest census made about ten years ago, did not quite reach 56,000; but that, allowing for the great influx

of foreigners, and even native families from remote provinces, during the last ten or twelve years, the present number may be computed at 60,000, or thereabouts, which it is well to bear in mind when considering the great annual mortality in the Table.

*Remarks.*—Suppose the population of Lima 60,000, and the deaths in the same 3156 yearly, it appears that in less than twenty years a number equal to that of the whole population is carried off by ordinary diseases.

The great amount of deaths under “Various Diseases” not only includes a large proportion of fatal infantile diseases—especially dentition, which occur in private families, but also of the poor who die in hospital, and whose diseases are not regularly specified in the returns of the Administrator of the Public Cemetery, as are those of such as die in private houses, and have to be duly reported by the parochial curates; who, for special reasons, are very attentive to the discharge of this duty.

Now, in reference to consumption, or phthisis pulmonalis, (so prevalent among the poor in hospital during the spring and autumn months,) were the fatal cases distinctly recorded instead of being indiscriminately huddled under the head of “*Various Diseases*,” the mortality from phthisis would be seen to exceed very considerably the numbers stated in the above Table of Lima Mortality. And it is of great moment to state explicitly in this place, that of at least thirty-eight or forty dissections lately made in hospital of those patients who have died with the ordinary symptoms of phthisis—(such as cough, purulent expectoration, and colliquative sweats or diarrhœas, with hectic fever, &c.) all have, on inspection, presented the lungs in a highly tuberculated condition—in some instances all over studded with tubercles.

Under the head “Convulsive Cough” are included suffocative catarrh and croup. The latter is not a common disease; but last week I attended, in consultation, a case of angina membranacea, which was complicated with secondary croup, clogging the air tubes by ropy mucous secretion, and false membranes, of which pieces were ejected by coughing. It proved fatal on the eighteenth day from the invasion of the angina. During the hot months, when the irritability of the whole system is greatly increased on the coast, the mucous membrane of the stomach and bowels becomes readily affected, and cholera morbus is a common result; but as this disease is almost always cured with *ice*, the deaths, as above, are few.

For a further account of Peru and its diseases, permit me to refer to “Peru as it is,” published by Bentley, London, 1839,

in which I would particularly refer to the Chapter on Limerian Dietetics, in Vol. I.; and likewise to what I have written, entitled "Practical Observations on the Diseases of Peru, described as they occur on the coast, and in the Sierra," in the Edin. Med. and Surg. Journal, in successive papers—to be seen in No. 143, 144, 145, 148, 149, 151, 152. And asking your indulgence for so long and crammed a letter,

With the highest consideration and respect,  
Allow me to be your very obedient servant  
And well wisher,

*Med. Examiner.*

ARCHIBALD SMITH.

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### 5.—*Treatment of Yellow Fever.*

[THE following article upon the treatment of Yellow Fever is an extract from a very interesting paper in the Sept. No. of the New Orleans Med. and Surg. Journal, by Dr. Fenner, of New Orleans. It will be found extremely interesting.]

WHAT shall I say under this head? Such is the diversity of theory and practice pursued in *yellow fever* by the physicians of New Orleans, that it would be altogether vain for me to attempt to delineate it. Suffice it to say, that every conceivable variety of practice is pursued, from the use of the most *heroic remedies*, down to a virtual dependence on the *vis medicatrix naturæ*. The previous numbers of this Journal contain three systematic essays on the *cause, nature and treatment of yellow fever*, emanating from gentlemen who occupy the highest rank among the medical faculty of this city—I allude to the papers of Drs. J. F. Beugnot, P. A. Lambert and J. Harrison. In these essays, all the prominent remedies that have been resorted to in the treatment of this disease are ably reviewed, and their merits and defects fairly stated, after having been fully tested. They will always be referred to with interest by the student of yellow fever at this place, and are particularly valuable as illustrating the views of the leading French and American physicians at this city at the time. Of course many differ from these gentlemen; but the difference is in minor matters.

I deem it altogether useless to give the treatment which I pursued, but perhaps a brief allusion to a few of the most prominent methods pursued by our physicians would be acceptable to the reader.

In reflecting on the various remedies and plans of treatment in yellow fever presented to my view in the course of a



pretty extensive and careful observation at the Charity Hospital, in the walks of private practice, and in conversation with my medical brethren, I think the whole may be designated under the following two general plans of theory and practice, viz., *the abortive and the rational or eclectic plan.*

1. *The Abortive Method.*—The object of this method is to cut short the fever as soon as possible. It was pursued by a few bold practitioners, who, however resorted to very different means for its accomplishment: one set relied *almost exclusively upon blood-letting*, the other equally as much *upon the sulphate of quinine.* *The blood-letting plan* is as follows:—as soon as the chilly stage is passed and reaction fully established, the patient is set up in bed and bled in a full stream *to syncope*; a purgative enema and hot mustard foot bath are then administered. Reaction takes place, and when fully developed, the bleeding is repeated as before. And so on, as the reaction is strong and the patient can bear it. If the patient is unable to bear venesection, local depletion, by means of cups or leeches to the chief seat of pain, is resorted to. Some patients require to be bled four or five times, but generally not more than one or two free bleedings; with perhaps some cups or leeches. No medicine is given by the mouth,—the bowels are kept freely moved by enemata. The foot-baths and sponging the body, repeated *pro re nata*, with cold drinks and light covering, complete the treatment. This is the depleting plan *par excellence*, as practiced by the late Dr. Luzenberg, Dr. Beugnot and a few other leading physicians below canal street. There are others who follow this plan somewhat modified—they deplete all cases and freely, but they give medicines also. If the patient be of such a temperament or in such a condition that he cannot be bled, local depletion is depended on; but these gentlemen look upon all such as have severe attacks and *cannot bear the loss of blood* as being *very dangerous.*

*The Quinine Method.*—In the essay of Professor Harrison, previously alluded to,\* may be found an interesting account of the introduction of large doses of the sulph. quinine in the treatment of yellow fever in this city, in 1839 and 1841.

If I am not mistaken, the gentlemen who first adopted the practice still admit the wonderful powers of the medicine,

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\*See Dr. Harrison's paper on Yellow Fever in the Second Volume, November No. of this Journal—also Dr. McCormick's papers on the use of Quinine, &c., in the same Volume and Number.

though they have since fallen into more of an eclectic plan. Assistant Surgeon Charles McCormick and Dr. A. J. Wedderburn are the only physicians, so far as I know, who pursued this practice *in its full extent*, in the treatment of this epidemic. I shall therefore give their methods as obtained from themselves. As practiced by Dr. McCormick, it is as follows:—when the fever is fully developed, a purgative enema and mustard foot-bath are first used, and from 15 to 30 grains of quinine then given *to subdue the fever*. If the pain in the head is *very violent*, he is bled from the arm, or cups are applied to the mastoids; otherwise, blood-letting is dispensed with. The large dose of quinine seldom fails to reduce the excitement in a few hours, and then he gives 15 or 20 grains of calomel with or without as much of the quinine combined. The foot-baths and enemata are repeated *pro re nata*; the bowels are freely purged; the fever vanishes, and the patient seldom requires more than the third dose of quinine.

Dr. Wedderburn first orders an enema, consisting of a table-spoonful of mustard in a quart of warm water, which he says evacuates the lower bowels more promptly and efficiently than anything else. Then comes the hot mustard foot-bath, and afterwards the following dose;—℞ Pulv. Rhei. grs. x, Pulv. Ipecac. grs. ii, Submuriat. Hydrarg. grs. v, Sulph. Quinine, ʒi, mix in syrup and give at once. Sometimes he first gives 15 or 20 grains of quinine with 20 or 30 drops of laudanum suspended in water, and the above powder immediately afterwards. This purges freely in six or eight hours, and the quinine and laudanum are afterwards repeated according to the pain and fever. The purgative mentioned happened to be the one he mostly used last summer—he admits that some other might have done as well. This is his most general course. If the attack be very severe, and the patient suffers violent pain in any part, he at once gives from 20 to 30 grs. of quinine combined with 40 or 50 drops Tr. Opii, or 2 or 3 grs. of opium. According to Dr. W. this dose rarely fails to extinguish both the fever and pain in a few hours. Drs. McCormick and Wedderburn both speak in the most exalted terms of their abortive methods of treating yellow fever. Dr. W. *never bleeds from the arm*, and very seldom orders either cups or leeches. Other physicians here use quinine freely in yellow fever, but not like the above named gentlemen, *to cut the fever short at once*.

There is one thing worthy of special notice in connection with this method of treating yellow fever, which is, that although the fever may be cut short, the disease is not always necessarily removed. Convalescence is not at once establish-

ed; but the patient occasionally lingers in a feeble, though cool, quiet and painless state for some days, and then sometimes dies with black vomit. It would seem that the alterations in the blood, &c.. produced by the morbid cause, still go on, to terminate in health or death, although what is called *the fever* is extinguished. Dr. Harrison mentions this fact in his essay before mentioned, and it is well known to many of our physicians. It has been remarked, that even when the fever *was not cut short by any potent medicine*, but spontaneously subsided in 24 or 36 hours, as it sometimes does under the use of mild remedies, the prostration would be as great and the convalescence as tedious as if the fever had run its usual course for 72 hours. Hence it is thought that *the febrific poison must be eliminated through the natural emunctories*, before healthy reaction can be established. With some, this might constitute a serious objection to the *abortive method by quinine*; but it certainly is an important consideration to be able to relieve the painful and distressing symptoms, by a remedy which does not prevent the execution of any other indications that may arise. Nor can it be denied that when pain and febrile excitement are reduced, the system becomes much more amenable to the action of any remedies that may be indicated.

Under this view of the matter, I think the introduction of *sedative doses* of the sulphate of quinine may be considered a valuable improvement in our therapeutics of yellow fever. There evidently exists considerable prejudice against this method of using quinine, and we hear of physicians, both in this city and elsewhere, who state that they gave it a fair trial, and it did not answer their expectations. For my own part, I think it very doubtful whether they have given it a *fair trial*—they are afraid of it—in short, *they have not learned how to use it*.

As to the fact that patients are sometimes unexpectedly lost after all fever and pain are subdued, Dr. Wedderburn says that in all such cases as have come under his observation, it proceeded from the most *culpable imprudence*. They are so promptly relieved from all pain and fever, that they do not allow sufficient time for the system to recover from the shock it has sustained.

2. *The Rational or Eclectic Method.*—This method is founded on experience and rational observation, but independent of scientific induction. The object of this method is *not to cut short the disease*, or take it entirely out of the hands of nature; but rather to *guide the patient through the natural stages of the fever*, and to address proper remedies to the symptoms as they are present—



*ed.* If blood-letting is plainly indicated, they bleed—if any particular organ seems to suffer most, they address their remedies chiefly to that, and so on.

A *rational eclecticism* is the *platform*, to use a phrase that recently has come much in vogue in the politics of the day, on which the great body of the Medical Profession stand at the present day, in the treatment of most diseases. The very existence of *specifics* is doubted by many, and we have to be guided by *general principles* until we learn from *experience* the *peculiarities* belonging to diseases in different regions and localities, and the adaptation of certain remedies to meet these peculiarities. That different climes and localities do give striking peculiarities to the diseases which prevail in each, is almost universally admitted by those who have extensive opportunities for observation.

Such being the object and views of the advocates of the *rational* or *eclectic* system, they go to work accordingly, each prescribing the remedies which he has found by experiment best adapted to meet the symptoms, and most of them falling into more or less of a *routine*. Nor, under these circumstances, is it surprising either that there should be a great diversity of practice, or that the practice should vary in different places and seasons. The general practice in yellow fever pursued in New Orleans is not always the same; and it generally differs from that pursued in Mobile, Vera Cruz, Havana, Charleston, Natchez, Vicksburg, &c., because each of those places presents some modification of the disease. It would be almost impossible to describe all the plans of treatment pursued by the rationalists in this city, but perhaps I may succeed in giving an outline of a few of the more prominent *routines*.

I may state that *venesection* is used with great caution by the rationalists—they foresee a stage of depression or exhaustion, that will inevitably appear at the decline of the fever, and therefore endeavor to economise the powers of the system as much as possible. Cupping over the chief suffering organs is much oftener resorted to. Mustard pediluvia are universally administered. In the first stage of the fever, a purgative of some kind is invariably administered. Some give an efficient dose of castor oil; others prefer a mercurial cathartic; others a saline. The bowels having been freely evacuated, local symptoms relieved and a general perspiration established, absolute rest and quietude are rigidly enjoined, and the fever is permitted to go on to its natural termination or crisis, which generally takes place on the *third day*. This is truly the *critical stage* of the disease, for the fate of the patient will

soon be decided. He must either die or begin to recover very soon. A new set of symptoms are now presented, requiring different remedies altogether from those first used. Blisters, gentle stimulants, anodynes, antacids, &c., are now called in requisition and demand the utmost skill of the physician. Many patients are doubtless saved after getting upon *the very verge of the black vomit*; but after this discharge becomes established, they are generally considered beyond the reach of medicine and have to depend upon the efforts of nature and the kind attention of the nurse. A variety of medicines have been recommended for black vomit, but so far as I have been able to ascertain, not one of them possesses any *reliable virtues*. French brandy, porter and ice are depended on more than anything else in this stage, by the physicians in New Orleans. Some physicians, amongst them a few eminent practitioners, after relieving the first distressing symptoms, by means of a purgative, the mustard foot-bath and cupping, put the patient at once on the solution of the sulphate or ferro-cyanate of quinine, 5 grains a dose every two hours, until the fever completely subsides. When the critical stage arrives, they treat it pretty much like those just mentioned. I cannot descend into the minutiae of practice, but such is an imperfect outline of the the practice pursued by the rationalists. As before stated, their object is *not to cut short the disease, but to guide the patient safely through all the natural stages of the fever*.

There are, doubtless, cases that will prove fatal in spite of anything that can possibly be done. From the time the disease is declared, the patient is a *doomed victim*. He is either overwhelmed irresistibly at the outset, or the poison works its ravages *so stealthily* as to escape observation until it is too late for remedies. Witness the case of Dr. Dashiel, in which black vomit unexpectedly appeared whilst a man was getting shaved in a barber's shop, at Vera Cruz. I myself have seen a man lying quietly in his bed at the Charity Hospital, *reading a book*, whilst the fatal black vomit was already upon him. He seemed to be surprised at the minute inquiries I made about his case, and as I turned away, asked if I thought *he was in any danger?* I gave him an equivocal answer, and left him in blissful ignorance. He resumed his story, and I saw him no more. The next morning he was dead.

It has been shown that the most robust class of people and at the most vigorous age are the favorite subjects of yellow fever. Such persons do not complain at trifles; they often pay but little attention to the first symptoms of disease, and only take to their beds when completely overpowered, thus

losing the most important time for treatment and lessening their chances of recovery. Thus the hardy mechanic or outdoor laborer is often lost; whilst the more delicate, sensitive and prudent gentleman or lady is preserved. As to the *amount of success* attained by the followers of the *rational method*, it is impossible for me to state it. So far as I have been able to ascertain from some of the most extensive practitioners, it was at least *very gratifying to themselves*.

*Homœopathy*.—I cannot close my remarks on the treatment of yellow fever, without a brief allusion to a novel practice which has recently been introduced into our city, and like all novelties has captivated some of our citizens. I allude to *Homœopathy* and its practice. In the autumn of 1846, Dr. Taft, apparently a modest, intelligent and genteel young man, came from the North and settled himself in New Orleans, to practise this new system of medicine, up to that time unknown in these parts. Having gone before the Board of Examiners, presented his diploma, (I know not from what medical college,) and obtained license regularly, he soon met with great encouragement and was really established into a lucrative practice at the time the epidemic broke out in the summer of 1847. As he was unacclimated, and of course might expect to be attacked, he was asked by a friend "what physician he would employ when he should be attacked with yellow fever?" His reply was—"Dr. Taft." Sure enough, in the month of August he was severely attacked, and Dr. Taft being immediately on hand, he was called on to attend Dr. Taft. He at once resorted to his infinitesimal doses of Homœopathic medicines, and continued them until the end of the second day, when he became so ill, that his friends insisted on calling in medical aid, *nolens volens*. Two of the most respectable regular practitioners of the city were called in and did everything in their power to save him, but the precious time for active treatment had been lost, if *not worse than lost*, and he fell a victim to his own folly.

With Dr. Taft died *Homœopathy* in yellow fever for the season; but the reports of his successful *debut* went abroad throughout the land, and the vacancy created by the disappearance of "*Yellow Jack*" and *Dr. Taft* was soon filled by a host of Homœopathic physicians, chiefly from the "land of steady habits." They seem to find much favor in the sight of the community during the *healthy season of the year*, but whether, like the martins, they will vanish when the "Dog star rages," remains to be seen.



*Hydropathy*.—I heard of but one physician who pursued the hydropathic treatment, though there may have been others. Dr. S. W. Dalton, a regular licentiate, early in the epidemic fell upon the following simple method, with which he says he was so well pleased, that he pursued it throughout the season. As soon as the fever was fully developed, and when the pains in the head and back were most severe, he enveloped the whole body of the patient, from the neck to the thighs, in a thick bandage of cotton or linen cloth, and then placing him in a large tub, poured cold water upon his head until he became perfectly cool and thoroughly *soaked*. He says this never failed to remove all pain and make the patient comfortable. He was then put into bed, and the covering tucked closely about him. In a short time, he broke into a profuse perspiration and went to sleep. If the heat and pain returned, the cold water was re-applied. In the mean time, the bowels were freely opened with castor oil, cool drinks were given, and this constitutes the whole treatment. Dr. D. says he treated more than 200 cases in this way, with the most gratifying results.

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6.—*A case of Fibrous Tumour of the Lower Jaw, in which the left half of that bone was successfully removed at the Temporomaxillary Articulation.* By S. D. Gross, M. D., Professor of Surgery in the Medical Department of the University of Louisville.

KIRBY, a negress, nine years of age, was brought to me for professional advice, on the 2d of May, 1846, by her master, Mr. Lawton, of Rumsey, Kentucky. Eighteen months previously she punctured the left side of her face with a piece of wood, which she happened to have in her mouth as she fell, headforemost, from a high fence. Some inflammation ensued, but this rapidly disappeared, and nothing further was thought of the accident until four months after, when a slight enlargement was noticed at the original site of the injury. This gradually extended until it involved the whole of the left side of the jaw, from the ear to within a few lines of the symphysis of the chin, and from the middle of the cheek to the upper part of the neck. The tumour, which had increased very much within the last four weeks, was very prominent, externally, and reached, at the time of my examination, when the head was held in its ordinary position, nearly down to the clavicle. Articulation and mastication were both very much impeded, and the jaw was so completely ankylosed that it was almost impossible to

move it in any direction; indeed, the interval between the dental arches was so small as not to permit the protrusion of the tip of the tongue. The swelling was very hard externally, and towards the base of the jaw were two small points, which seemed to have been the seats of little abscesses, probably of a scrofulous character. In other respects, the skin was perfectly sound. Internally, the bone appeared to be healthy, and did not encroach upon the tongue. The tumour was at first free from suffering, but during the last month the girl complained of a good deal of pain, especially at night. The general health was unimpaired.

Such being the condition of the parts, it was obvious that nothing short of excision of a portion of the jaw could afford any relief. The operation was performed on the 5th of May, in the presence of Dr. Colescott and Dr. Thomas L. Caldwell, and a number of medical students. As a preliminary step, the body and limbs of the little patient were surrounded by a strong apron, carefully pinned behind, as in the operation for harelip. She was then seated upon a chair, with the head inclined a little backwards, and supported by an assistant. An incision was made through the middle of the lower lip to the base of the chin, and, at a right angle with this, another along the body of the diseased bone. The flap thus marked out was then dissected up, and the jaw sawed through a little obliquely, immediately by the side of the symphysis, so as to preserve the two incisors. An incision was then carried from the tragus of the ear to the termination of the horizontal one, already mentioned; the integuments were rapidly dissected up; the masseter, temporal, mylo-hyoid, and pterygoid muscles were successively separated from their attachments; and the bone was finally raised from its socket. Not a little difficulty was experienced in this stage of the operation, from the cartilaginous adhesion between the coronoid and zygomatic processes, the former of which was very much thickened, and forced the latter out in such a manner as to render the cheek quite prominent, in that situation. The temporo-maxillary joint was completely ankylosed, and the attachments formed by the condyle rendered the disarticulation almost impracticable.

A part of the submaxillary gland appeared to be changed in structure, and was accordingly removed. Several lymphatic ganglions of the neck were, for the same reason, excised.—The operation was exceedingly painful; and, as I was about to disarticulate the bone, the patient swooned away. Scarcely six ounces of blood were lost. and, what is remarkable, not a single vessel required to be tied. The bleeding from the facial artery, which was divided in the early stage of the operation, was readily controlled by the finger of an assistant.

The tongue, stylo-hyoid muscle, and submaxillary gland were fully exposed by the dissection; the parotid lay at the posterior part of the wound; and the external carotid was seen pulsating just below the ear.

The operation being over, the wound was kept covered for nearly three hours with a thick linen compress, frequently wet with cold water. At the expiration of this period, the edges were brought together by six twisted sutures, and a few adhesive straps, the whole being supported by a thick compress and a roller.

Very little pain was experienced after the operation, and the patient slept comfortably during the succeeding night.— On the following day there was slight fever, with some swelling of the left side of the face, but this yielded speedily to a dose of Epsom salts and cooling drinks. The needles were removed at the end of the third day, and the parts were found to be beautifully united, both externally and internally. Subsequently the temple and cheek were invaded by erysipelas, brought on, apparently, by premature exposure and improper eating. A dose of calomel and the application of the tincture of iodine, promptly put a stop to this disease; and from this time on, the convalescence was rapid and uninterrupted.

The tumour, on dissection, was found to be of a fibrous character, dense, inelastic, and of a dull whitish colour. The periosteum, from which it probably arose, was considerably thickened, and could be peeled off, without difficulty, from the subjoined bone. The bone itself was considerably enlarged, and a section of it exhibited a uniform, compact surface, with here and there a small elongated cell. The coronoid and condyloid processes were remarkably thick, and the latter had lost its smooth and polished appearance. The body of the bone contained a perfectly healthy molar tooth.

Upwards of two years have now elapsed since the above operation, and there is, thus far, no evidence whatever of any tendency to a relapse of the disease for which it was undertaken. Kitty's master has recently informed me that she is entirely well, that there is hardly any deformity of the face, and that she chews, articulates, and swallows with as much facility as any one.—*Am. Jour. of Med. Sciences.*

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7.—*In what cases are alcoholic drinks indicated in medical practice?* By N. S. DAVIS, M. D., editor of the New York Annalist.

IN the preceding articles on the physiological action of Alcohol, we have shown, that when taken in health, it diminishes



the physical strength and power of enduring fatigue, interferes with the process of arterialization, diminishes the appetite for food, and changes the condition of the blood. And yet, while it continues to circulate unchanged in the blood, it exerts on the nervous system a peculiar and highly stimulating and exhilarating influence which renders the individual, not only wholly unconscious of his diminished physical energy, but often induces him to think it very much improved. If these conclusions are well founded, then we are prepared to understand the exact therapeutic application and value of Alcohol in all its forms.

1st. It cannot be properly prescribed as a tonic, to increase the permanent strength and energy of the whole or any part of the system. This position is one of great importance, as it is in direct conflict with the daily practice of many eminent practitioners; and hence the sooner its truth is either fully established or disproved, the better it will be both for the profession and the public. It is by no means rare to find patients belonging to all ranks of society, especially in our cities and large villages, who have been advised by their physicians to take a draught of fermented or distilled spirits, with each meal, as a remedy for the first stages of dyspepsia, or for simple debility arising from other causes. But a more deceptive and pernicious practice can not be adopted. We say deceptive, because the Alcoholic potion thus taken, instead of removing the gastric irritation, simply exerts such a degree of exhilarating influence on the nervous tissue, as to render the sensorium unconscious of the gastric suffering, and the patient is thereby lured on, until confirmed dyspepsia, or what is far worse, a confirmed appetite for Alcoholic drink, or both, is fastened upon him. A great number of cases might be adduced as illustrative of this position, did our limits permit; and we speak advisedly as the result of no small amount of personal observation, when we say that scores of drunkards and invalids are annually manufactured by this kind of medical advising. It is true that a patient while under the influence of Ether or Chloroform may be, not only destitute of suffering, but extremely happy, and yet the surgeon's knife will cut just as keenly and sever his limb just as certainly, as though he felt every stroke ever so sensibly. And it is equally true that an individual while under the temporary exhilaration of a glass of fermented or distilled liquor, may digest a dinner, or endure a degree of cold, without consciousness of suffering, which in the absence of such exhilaration would be extremely annoying, and yet both the dinner and the cold, like the surgeon's knife, produced their injurious effects on the stomach

or system, just as much as though the patient had been acutely sensible to every unpleasant feeling.

It is this exhilarating power of alcohol, coupled with the diminished sensibility which it induces, that gives it popularity as a remedial agent in many states of the system, and under circumstances where its real effects can scarcely fail to be injurious. 2d. It cannot be properly prescribed for the purpose of improving the quality of the blood. We have had frequent occasion to observe cases like the following, viz:— A. B., aged 8 years, child of poor parents, lives in a basement room but poorly ventilated, food coarse and often indigestible, clothing scanty and dirty, somewhat emaciated, pulse slightly increased in frequency, lips and tongue pale, has had sores about the ears and eruptions on the scalp, and several of the lymphatic glands of the neck are greatly swollen. Here is a simple case of scrofula, accompanied by an impoverished state of the blood, the legitimate result of bad food, bad air, and bad clothing. Well, what is the remedy? The Doctor's reply is, plenty of good air, cleanliness, and such a diet as will promote the formation of good, healthy blood, viz: plenty of good bread, good meat, ripe fruit, and a little good wine or porter every day. Now, unless we deny in toto, the correctness of the experiments of Prout and many others, which show that the presence of Alcoholic liquids in the blood, directly interferes with the indispensable process of arterialization, very much lessening the amount of carbonic acid exhaled, together with all that mass of evidence alluded to in our last number, we must admit that the wine or porter in such cases is directly calculated to defeat the object for which they are given, i. e., to promote the formation of healthy blood. We are well aware that many cases may be adduced in which rapid improvement was made while under the daily use of Alcoholic beverage; and we are equally aware that ten times the number can be adduced marked by improvement equally rapid and satisfactory, without the use of one drop of such beverage. Are we then to conclude that the improvement is owing to the wine or other spirits, or to the change of air, cleanliness, and good diet, in spite of the Alcohol? Our own experience, as well as all the experiments hitherto performed in regard to the physiological action of Alcohol, incline us strongly to the adoption of the latter conclusion. On this subject we are happy to find our own views fully sustained by the writer in the British and Foreign Medical Review, to which we have already referred in preceding numbers. He says, "at present, nothing in the annals of quackery can be more truly *empirical* than the mode in which

fermented liquors are directed or permitted to be used by a large proportion of medical practitioners. If their physiological action be really as grossly misunderstood as we deem it to be—if their benefit can be looked for in little else than their *stimulating* effects, and the belief in their permanently supporting character be really ill-founded—if we are to distrust the grateful sensations which commonly follow immediately upon their use, and to look for evil in more remote consequences (as the experience of the results of their habitual employment would lead us to do)—then it is obvious that a great change will be needed in our usual practice in this respect, in order to bring it into conformity with the mere corporal requirements of our patients, to say nothing of its bearing upon their moral welfare.” Again the same writer says, when speaking of the use of fermented liquors in “chronic disorders of the digestive apparatus,” that the “action of these, in such states of the system, is precisely like the application of the whip and spur to the horse already tired, which produces a temporary improvement in his pace and prompts him to get through his work the quicker, but which leaves him, when he has done it, more fatigued than if he had taken his own time.” But if Alcoholic liquors cannot be properly used either as tonics for permanent increase of strength, or for improving the quality of the blood in anemia, for what are they applicable as therapeutic agents? We answer, that being powerful temporary stimulants, they are applicable to such cases, and such only, as are characterized by a failure of the organic system of nerves to sustain the all-important functions of respiration and circulation.

Such cases we meet with frequently among the typhoid forms of fever, and occasionally in the latter stages of all acute diseases. They are generally characterized by coldness of the surface and extremities, feebleness of the pulse, and oppressed or diminished respiration. In these cases the blood has lost its power to arouse and maintain the energy of the organic nervous system; and hence the presence of the Alcoholic liquid is used in adding to its stimulating qualities, and if the dose is repeated with sufficient frequency to keep it constantly circulating in contact with the tissues, it may effectually prevent that fatal prostration which would otherwise ensue. It is thus, as a *temporary stimulant only*, that we believe either fermented or distilled liquors are applicable in the practice of medicine. And even when used in such cases, a due regard for the moral welfare of our patients, would induce us to so combine them with such bitter infusions as



would effectually prevent the formation of that appetite which has ruined, and is still ruining thousands and tens of thousands.—*Annalist*.

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## PART THIRD.

### FOREIGN INTELLIGENCE.

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#### PRACTICAL MEDICINE, &c.

##### 1.—*Treatment of Cholera*. BY DR. GAVIN MILROY.

This author observes, that the first thing to be done is to have the patient at once stripped and enveloped in warm blankets. The application of bottles of hot water, bags of hot salt or bran to the feet, between the legs, and along the course of the spine, will always be useful in increasing the warmth of the general surface. This is a point of great importance; as the cutaneous circulation is all but arrested, and the blood is consequently accumulated in the internal viscera.

This preliminary point being attended to, he recommends, on the results of some experience during the epidemic of 1832 in London, the immediate exhibition of *saline emetics*. Without going so far as to say that the incessant vomiting, which generally constitutes so distressing a symptom of the disease, is a medicative effort of the system either to relieve itself of offending matters, or to rally the stagnant state of the circulation; he does not doubt that the practice, so often pursued, of seeking to arrest it at once by the exhibition of large doses of opium and other narcotico-astringent remedies, has been the cause of much disappointment, and not unfrequently too of very serious mischief. Common salt is at once the most convenient and the most useful emetic that can be employed. Let from a dessert to a tablespoonful or more be dissolved in a tumblerful of water, and drank off immediately; and let the dose be repeated again and again at short intervals, if it be speedily rejected without having induced the forcible contractions we desire. When this object is once fully attained, the incessant vomiting, which existed before, will, in very many cases, be found to be remarkably abated. Then is the time for the application of a stimulating *epithem* upon the abdomen, and especially over the epigastrium; and certainly nothing is better for this purpose than that which has been so strongly recommended by Dr. Copland, viz., a large flannel wrung nearly dry out of very hot water, and then moistened with spirits of turpentine: a portion of laudanum may be added to it at the same time. In many cases, a strong sinapism will answer very well. The relief obtained from such application is often most decided; not only is the irritability of the stomach sensibly quieted, but the excruciating cramps of the abdominal muscles are at the same time decidedly relieved. If, by the means now mentioned,—outward warmth, saline emetics, and stimulant fomentations of the abdomen—the vomiting has become much mitigated or checked, the incessant purging also will often be found, at the same time, to have dimin-

ished. Should the purging continue, notwithstanding the abatement or cessation of the vomiting, the indication will be to act, in reference to the one symptom, upon the same principle which guided our practice in reference to the other. The bowels should be stimulated to energetic contraction; it is in this way only that the enormous draining from their mucous surface can be safely as well as effectually arrested. To attain this object, it will be wiser, on most occasions, to trust to enemata rather than to medicines exhibited by the mouth, in order to avoid all unnecessary distress of the irritable stomach. The injection may consist either of a strong solution of salt or of spirits of turpentine, mixed with gruel or any other convenient vehicle. It is doubtless well known to most medical readers, that one of the earliest and surest signs of favourable omen, in a case of Asiatic cholera, is the appearance of anything like bilious or fæcal matter in the dejections. Hence it is that the practice of some of the most experienced men in the East Indies has been primarily and mainly directed to this end, and undue reliance has been placed upon the administration of enormous doses of croton oil and other drastic purgatives, either alone or in combination with opium. Speaking of opium, if opium is to be employed—and that it may often serve some useful purpose is not denied—let it be almost exclusively used as an outward application, or let it be administered only in small doses, and in conjunction with other remedies.

The author states that, whenever the vomiting has ceased or become sensibly abated, it will be prudent to begin the administration of some preparation of mercury. From five to ten grains of *calomel*, or double this quantity of the *hydrargyrum cum creta*, in combination with the carbonate of soda or magnesia, should be given immediately; and the dose repeated every three, six, or ten hours, according to the circumstances of the case. *Camphor* may often be advantageously added to these powders; or the different substances may be made up into pills with any of the warm essential oils. The effect of this treatment will be to excite the hepatic and pancreatic functions, and to induce a more healthy condition of the whole intestinal canal. The occasional administration of a stimulating enema will, at the same time, serve to bring down the vitiated matters, which, I need scarcely say, are almost always found to stand in need of evacuation after the immediate symptoms of the disease have been subdued.

To allay the intense thirst—which is often accompanied with a sense of burning heat in the region of the stomach—that is almost always present in cases of cholera, he recommends that effervescing draughts be prepared with the carbonate of ammonia, soda or seltzer water, iced water, water acidulated with the sulphuric or some other mineral acid, light well-fermented beer, or, in short, whatever may be most grateful to the patient, should be given without restriction; only cautioning him to take small quantities very often, rather than large draughts less frequently.—On the whole, he thinks it better to avoid strong and spirituous stimulants, if these simple beverages suffice: and, in nine cases out of ten, the latter will be found to be quite as refreshing and exhilarant as the former, even when the system is in a state of great depression.

In the treatment of a disease like cholera, the ultimate as well as the immediate effects of our remedies should always be kept in view; and considering the marked tendency there is to the supervention of typhoid phenomena upon the cessation of the primary symptoms, the prudent physician will prefer the use of those means that may be fairly viewed as counter-agents rather than as provocatives of the consecutive mis-

chief. Doubtless, the suppression of the biliary and urinary secretions, and the consequent retention in the system of effete and noxious matters, that are continually being eliminated from the blood, form one of the chief causes of this secondary typhus; and there is good reason to believe that the tendency to its occurrence will be found to be exactly proportionate to the difficulty, or delay, with which these important functions are re-established. Of course, therefore, special attention will always be directed to this point, immediately after the subsidence of the proper choleraic stage. It is unnecessary to particularise the appropriate remedies to be employed for such a purpose. Lastly, in closing these remarks, the author would again urge the necessity of husbanding the patient's strength with all possible care. Among other precautions, the patient should never be allowed to rise up, far less to leave his bed, when the calls of nature require relief. The exhaustion, caused by the neglect of this simple rule, has, in not a few cases, proved almost instantaneously fatal.—*Ranking*.

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## 2.—*Scrofula*,—BY DR. KING.

[The following propositions laid down by DR. KING are illustrated and supported by numerous facts.]

*Prop.* 1. The grand source of scrofula is the direct hereditary principle.

2. Scrofula is also hereditary in the collateral branches when it is latent in the direct ones.

3. When second marriages take place, if both parents are healthy, the children will be unhealthy; if either parent be scrofulous, the children will be scrofulous.

4. Persons who have been scrofulous in youth may appear to have been cured, and to have got into good health, but the constitutional taint remains, and the children will be scrofulous.

5. Phthisis is a form of the scrofulous constitution, and its most fatal form. It is the great sledge-hammer. Sydenham had advanced so far in pathology as to call phthisis, "*scrofula in the lungs*." Portal was of opinion that congenital phthisis, "*phthisie d'origine*," was scrofulous. Bayle and Laennec say the same, but less decidedly, which to our eyes appears strange. An eminent writer of the present day may be quoted as a proof that medical men have not at present very clear ideas upon this subject. He says scrofula is a form of cachexia—*i.e.* cachexia is the cause of which scrofula is the effect. It would be more correct to say, scrofula or the scrofulous constitution, is the cause of which cachexia is the effect. Cachexia is a form of scrofula. Cachexia has many causes, of which a very important one is scrofula.

6. Scrofula and phthisis co-exist in the same family. More than half the scrofulous patients have parents or ancestors who died of phthisis. Of 84 cases in the hospital of St. Louis, at Paris, more than half had consumptive parents. All the patients in the hospital at St. Louis who died of the various forms of scrofula, had tubercles in the lungs. They often recover from the other forms of scrofula, and then die of phthisis; and for this reason the most experienced medical men are very cautious in their mode of curing local scrofulous affections, for fear of metastasis to the lungs. They always endeavor to do it upon an alternative—*i.e.*, a constitutional principle; so that the cure may be the effect of an impro-



ved constitution, and the improved constitution the effect of the treatment.

7. Persons who are scrofulous in youth sometimes become strong after puberty; but the taint remains, and the children are scrofulous.—The parents try to conceal the scrofula of their youth, which makes it difficult for the physician to trace the constitution of the child.

8. Parents who do not appear to be scrofulous themselves, but whose brothers or sisters are so, have scrofulous children. The family taint seems to pass through them to the children.

We shall now endeavor to point out certain causes which seem to originate scrofula, or the scrofulous constitution, or poison, independent of hereditary taint.

*Cause 1*—The first cause is syphilis; which, in many cases, is obvious; and in others, when the parents conceal it, it can only be inferred. If a parent has had both syphilis and scrofula, the poison is doubled.—The eruptions, ophthalmia, ulcerations, and caries, of the two diseases, are often very similar; but, as syphilis is cured by mercury, and scrofula not, the result of treatment is a sure test of the nature of the disease. Syphilis is accidental, contagious, and curable. Scrofula is constitutional, not contagious, and incurable, or, at least, difficult of cure. Scrofula always existed. Syphilis did not exist in Europe till about A. D. 1500. The disease derived from syphilitic parents is not primary but secondary syphilis, syphilitic cachexia, or scrofula. Spain has been overrun by this disease subsequent to the introduction of syphilis. The antiphlogistic treatment of syphilis, instead of the mercurial, is a cause of scrofula, because the cure has not been radical.

*Cause 2*.—The second originating cause of scrofula is the excessive abuse and indulgence of the sexual instinct. One instance will illustrate the principle:—All the children of a family had scrofulous affections: hæmoptysis, ophthalmia, pulmonary tubercles, worms. One little girl had abscess in the left sub-maxillary region, was of pallid complexion, with large mouth and decayed teeth. The chief cause appeared to be the early sexual dissipation of the father. Cases like this, as well as those which are of syphilitic origin, illustrate the remarkable and forcible expression of Job, (c. 20, v. 11) “his bones are full of the sin of his youth.” This is one of the many ways in which wealth may prove a curse. Wealth is power, and the first tendency of power is to abuse itself, in all the modifications of which that power is susceptible.

*Cause 3*.—A third originating cause of scrofula is *premature* indulgence of the sexual instinct, and *pr-mature* marriage. If the offspring are to be healthy, strong, and vigorous, no man ought to marry before the age of 25. The secretion of the seminal fluid, like all other parts, is and must be subject to laws which decide its health and vigor. The secretion should not be too rapid or frequent, and it should also be spontaneous, *i.e.* the natural effect of a healthy organism, and not of a mere mental action or effort of imagination.

*Cause 4*.—A fourth originating cause of scrofula is marriage too *late* in life. The debility produced by early sensuality may be in some measure remedied by moderation, restraint, and time, by change of mind, thought, imagination, desire, and intellectual occupation. But the debility produced by old age can never be remedied. The generative faculty is said to begin to decline about the age of 45, which may be called its culminating point. It then begins to decay slowly at first, and more rapidly afterwards. Those who marry late in life may have one or two children strong, but every child is weaker than the preceding

ones, and the youngest are the weakest. The old man's child has become a proverb for visible debility stamped upon its physiognomy. Many of them die at birth. Some are precocious in childhood, and then suddenly fade, and become effete and stunted, like the withering and dropping off of fresh fruit in autumn;—they are born out of season. The period of weak fecundity in woman commences about forty. After this time pregnancy is often a delusion, or there is imperfect conception and miscarriage, or the child perishes at birth, or, if reared it is delicate and scrofulous.

*Cause 5*—A fifth originating cause of scrofula is disproportionate age and unequal vigour. When the father is younger than the mother, it may be a cause of scrofula.

*Cause 6*.—A sixth originating cause of scrofula is paralysis, epilepsy, lunacy, and other diseases of the brain.—*Med. Gazette in Braithwaite.*

### 3.—On Quinine in Acute Rheumatism.—BY DR. VINET.

QUININE has of late years been very freely used in France, in acute rheumatism, and Dr. Vinet states that he has arrived at the following conclusions, from observation of its employment in the various hospitals of Paris:—1. That given in quantities gradually increased from 15 to 25 grains in the 24 hours, in divided doses, it produces no notable accidents; but if the larger quantity be not sufficiently divided and taken at considerable intervals, vomiting, faintness, or cerebral disturbances occur. 2. The disturbances of the hearing, sight, and brain are usually the first in appearing, and are far more prominent than those relating to the digestive organs. They usually cease upon mere suspension of the medicine. 3. Quinine, given in the above doses, exerts a remarkable, and frequently a rapid, sedative power on the circulation and the pain, and an indubitable effect upon the general phenomena of the disease. In about half the cases submitted to it, these effects are prompt and durable, and in the other half slow, uncertain, and unstable; while in a few cases, no effect whatever follows. 4. The cases in which it proves most efficacious, are those in which the general and local symptoms are best marked. 5. In cases in which it procures a prompt cure, it may prevent the cardiac complication, and in those in which it is slower in its operation, it does not seem to favour the occurrence of this, which, however, when it does occur, requires the usual appropriate means for its removal. 6. The beneficial effects are generally the more promptly produced as the dose is large, such being often observed after a moderate amount of perturbation of the nervous system. 7. Given for a relapse of the disease, the effects are the same as when originally employed.—*L'Union Medicale*, No. 43.

M. Aoudouard, an old practitioner, in a paper in the '*Revue Medicale*,' shows that bark has been recommended by several of the best writers on gout and acute rheumatism, and refers to a paper approving of it, which he himself published in 1808; but, he adds, the cures effected by him and his predecessors were accomplished by, at most, 2 oz. of bark daily, while now an equivalent of quinine, equal to 5 or 6 oz., is given. But then the bark cured without producing any ill effect on the brain, or any other bad consequences, which cannot be said of the quinine.—*Revue Medicale*, 1848, No. 1.

In No. 28 of 'L'Union Medicafe,' M. Fauconneau-Dufresne adds two other instances to the now numerous ones on record, of death occurring from excessive doses of quinine. Some practitioners have given even a drachm and a half per diem; but death resulted in one of these cases from a scruple dose.—*Medico. Chirurg. Review.*

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## SURGERY.

4.—*On the Treatment of Ganglion.*—By BRANSBY COOPER, Esq., F. R. S.

[After alluding to the usual plan of giving a ganglion a sharp blow with the back of a book, and to the fact that the walls of the cyst are sometimes too dense to be ruptured without employing a dangerous degree of force, Mr. Cooper says,]

I think it a better plan to pass a couching needle beneath the skin, introducing it at some distance from the ganglion, and after puncturing the sac in several places, to press the synovial fluid into the cellular tissue; pressure must be applied to the part, and a splint then adjusted, to insure perfect quiescence of the wrist-joint. The smaller description of ganglia which sometimes occur on the palmar surface of the hand, at the extremity of the metacarpal bone, cannot be subjected to similar treatment to that just detailed, but must be punctured directly; the small quantity of synovia they contain being expressed from the opening.

In certain situations in the body it is extremely difficult to form a diagnosis of bursæ mucosæ; they are sometimes so hard as to be mistaken for small exostoses; and, by the enlargement of the bursa, between the latissimus dorsi muscle and the inferior angle of the scapula, a tumor may be formed, which might be readily mistaken for chronic abscess, steatoma, or even malignant disease; but a surgeon conversant with the character of ganglia in their natural state, would soon discover the real cause of the swelling.

On the feet, and more particularly on the inner side of the root of the great toe, an adventitious bursa, termed a bunion, is very frequently formed; it is produced by tight and ill-made shoes, which force the great toe into an unnatural position, out of the line of the axis of its metatarsal bone, and under the other toes, in such a manner that the bone of the first phalanx presses forcibly on the capsular ligament of the joint, and induces the inflammation and acute pain inseparable from this distortion. Unless the deformity be remedied, the continual pressure of the bone tends to increase the inflammatory action, and ulceration would be the ultimate result, were it not for the compensating provision of nature, which leads to the formation of a ganglion between the capsular ligament and the skin. If, however the pressure be still continued, it may induce inflammation of the adventitious bursa, and an inflamed bunion is the consequence; this so completely cripples the sufferer, and the pain is so excessive, that surgical aid is here usually sought, although, however, various mechanical contrivances have been proposed, and also many different kinds of plasters, the objects of all being to remove the pressure which has been the original cause of the disease. No treatment can prove successful, unless the great toe be restored to its natural relative position parallel with the others, and the most simple and effectual means of effecting this, is the one adopted by



my colleague, Mr. Key; he recommends that the stocking of the patient should be furnished with a division or compartment, resembling the finger of a glove, to receive the affected toe, a similar compartment being also constructed in the inside of the shoe; into these the toe passes, and is preserved in a direction parallel to that of the others; but it may be necessary before resorting to the use of this contrivance to subdue the local inflammation by the application of leeches, blisters, or evaporating lotions.

A ganglion on the dorsum of the foot or instep, sometimes produces even a more serious form of the disease than the bunion. It may cause contraction of the extensor tendons of the small toes, permanently extending the latter, so that the whole of the weight of the body falls during progression upon the first phalanges, in which situation ganglia are found precisely similar to that just described as occurring at the point of the great toe. If these become indurated by neglect or continual pressure, so that the effused contents cannot be let out by puncture, the only alternative left to the surgeon is to divide the implicated tendon or tendons, so as to relieve the permanent extension of the phalanges, and to restore the toes to their natural position. I have known exfoliations of the phalanx to occur as the result of this affection, but immediately upon the removal of the exfoliating bone, the deep ulcer which had been produced in the sole of the foot, healed, and the patient at once recovered.—*Med. Gaz., in Braithwaite.*

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#### 5.—The Treatment of Onychia.

Onychia forms about the root of the nail, detaches the nail from its living connexions, but still the parts are not robbed of the power of keeping up its growth. This is a most painful state of things; and in the usual method of treating the complaint, a most torturing operation is resorted to, that of cutting or tearing off the portion of the nail. All this pain the patient may be saved, by first getting the fingers as quiet as possible, by soothing measures; and when this is done, to insinuate a shred of lint, by means of a probe, hammered flat, so as to pass this small portion as far as it can go between the sore structure and the surface of the nail; and if this piece of lint be moistened with a weak solution of nitrate of silver, the beneficial effect will be apparent in twenty-four hours.—The sores will heal quickly, and the pain will be subdued. The simple lint should be kept insinuated for some time, even after the sore is healed. The nail will grow to its usual length, and the hollow sore will be filled up before long.—*Vincent's Surgical Observations in Ranking.*

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### PATHOLOGY.

#### 6.—Pathology of Toothache.—By DR. HEILDEN.

Toothache may depend either upon congestion, inflammation, or a lesion of innervation. 1st. *Congestion*; this may have its seat either in the membrane exterior to the fang of the tooth, in that lining its central canal, or in the ganglion, which supplies the tooth with nerves. Congestion, when seated in the lining membrane of the fang, may be known by lancinating,

throbbing pains, which are increased by any excitement of the system; these pains are variable in their character, sometimes lasting but for a few minutes, and again for as many hours, being generally increased towards evening, and when the patient is in bed. The tooth, whose lining membrane is affected, is sensible to the touch, or to pressure, and frequently conveys the sensation of being somewhat above the level of the surrounding teeth. The frequent application of cold water to the affected tooth is one of the best means of cure that can be adopted in this form of odontalgia. 2d. *Congestion in the lining membrane of the canal, and of the dental nerves.*—Toothache dependent upon these causes may be distinguished from the variety just described, by the tooth not being painful on pressure nor conveying the sensation of prominency over its fellows. It may also be distinguished by the effect which cold water produces upon it; if the tooth be carious at the crown, cold water immediately gives relief, but if it be not so, the pain undergoes an exacerbation for sometime, but under the use of the remedy it eventually disappears. Young, plethoric persons, and pregnant women, are those most subject to this form of toothache. In obstinate cases, besides the local application of cold water, it may be necessary to use the foot-bath, and administer purgatives. Where caries of the tooth exists along with this form of congestion, timely plugging must be had recourse to. All stimulants, such as the tinctures in common use for curing toothache, must be avoided here, as they only increase the mischief. *Inflammation.*—This process when occurring in the teeth of a healthy individual, will produce the phenomena of healthy inflammation in any other part of the body; in individuals affected with gout, rheumatism, or scrofula, it will present the specific character of these diseases. Inflammation of the internal lining membrane of the tooth-fang (perionditis,) occurs much oftener in carious than in healthy teeth; it is characterized by a dull aching rather than actual pain, from which the patient fancies he obtains relief by pressing his teeth strongly together. This dull aching after sometime is exchanged into an acute, *boring* pain, which extends to the neighboring teeth; at this stage, the affected tooth seems more elevated than its fellows; and this sensation prevents perfect closure of the mouth, and to a great degree interferes with mastication. In some cases this local inflammation causes severe headache, and general febrile irritation. In this state, if nothing be done to check the local inflammation, this acquires greater intensity. The acute boring pain is now changed into a dull aching, attended with throbbing; if the gum about the affected tooth be examined, it will be found intensely inflamed; the tooth itself is *now* visibly longer than the surrounding ones and loose; pressure makes the patient feel as if it were about to start from its socket. All these are evidences of suppuration at the root of the tooth, and if it be now extracted, a drop of matter will be seen attached to its root. In cases of intense inflammation of the tooth-fang, the process of inflammation may not be terminated by the formation of matter; inflammation proceeds outwardly to the gum, the alveolus is absorbed, and a portion of the matter formed at the base of the tooth is thus evacuated when the opening in the gum closes for a short time, until the matter again accumulates. Thus a sort of fistula is formed which can only be healed by the extraction of the tooth. The mischief may not be confined to the root of the tooth alone—which becomes absorbed at its extreme point and roughened—but may also extend to the jaw-bone and render it carious. It sometimes happens that the cyst containing the pus at the root of the tooth becomes changed into a mass of pappy consistence, which, comes away with the

tooth on the latter being extracted. The treatment of this variety of odontalgia must be strictly antiphlogistic. Should the local application of cold water fail in completely removing all the symptoms, leeches must be at once and freely applied to the gums. Where suppuration seems inevitable, gently diaphoretic treatment with fomentations of warm water, or warm decoction of poppies, or marsh mallow, or a solution of extract of henbane, in the proportion of five or ten grains to four ounces of warm water, will be found to assist materially the maturation of the abscess; as soon as the pus has been evacuated, the diseased tooth must be extracted. It very often happens that a great number of the teeth are loosened, without any mechanical cause; this may depend either upon a sub-inflammatory affection of the lining membrane of the alveolar process, or upon that form of cyanche, denominated "Parotidea." In the latter instance time alone will effect a cure; the former requires for its cure repeated application of leeches over the affected portions of the alveolar process.—*Wiener's Zeitschrift in Dental Recorder.*

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#### 7.—On Puerperal Fever.—By Prof. MARTIN.

Professor Martin, of Jena, concludes an able memoir on this subject, with the following summary :

1. The term puerperal fever is one which deserves to be retained in our medical nomenclature, since all the febrile diseases incidental to childbed originate in one common cause.

2. This common cause may be traced to the peculiar character of the blood of women in childbed.

3. Besides this general cause, which is necessarily incidental to the puerperal condition, there is another special incidental cause, not of invariable, although of very frequent occurrence, which is connected with the simultaneous deviations in the character of the blood that are observed in many cases, and which appears to influence the nature of the febrile condition, and in part, likewise, the mode and locality of the deposition.

4. These incidental deviations in the character of the blood are the causes of the epidemic occurrence and difference of the puerperal fever; but they may also be induced in some women by individual circumstances, in which case, they affect the symptoms, course, and termination of the disease in the greater number of those affected at the same period, although there may not actually be any epidemic at the time.

5. Such sporadic cases of puerperal fever do not, however, necessarily presuppose a special disposition, since any morbid exciting cause may induce puerperal fever, where there is no other predisposing cause than that incident to childbirth generally.

6. A distinction between the differences in the character of the fever is fully as important for the prognosis and therapeutics of the disease, as for the separation of the individual local affections, which, in their turn, influence the different forms of puerperal fever.

7. These local affections consist in the derangement of certain constituents of the blood, or in the transformation of the blood itself, and vary considerably, according to the epidemic or sporadic character of the blood on the occurrence of the disease, whence plastic depositions and softening of the tissues (in consequence of infiltration with serum) may equally occur.



8. Local affections are most frequently met with in the interior portion of the sexual organs, especially in the uterus; but they likewise often occur in remote parts of the body, without there being any evidence of a previous uterine derangement. These affections are not, therefore, of special importance with reference to puerperal fever.

As the principal objects for future inquiry into the nature of puerperal fever, the author mentions the following:

1. Chemico-microscopical examination of the blood, urine, sweat, &c., of women in childbed, pursued simultaneously in the case of many, and renewed at different times, with a comparison of the results of investigations carried on simultaneously with reference to the blood of healthy women not pregnant, and not immediately after childbirth.

2. Chemico-microscopical investigations of the blood, the secretions and excretions of women suffering under puerperal fever, carried on simultaneously in the case of many, or at different periods, and at different epochs of the disease, having constant and special reference to the symptoms, mode of treatment, and the termination of the disease.

3. A careful investigation of analogous dyscrasic processes of exudation, as for instance, of rapidly fatal termination of peritonitis exsudativa in scrofulous and gouty persons.

4. A more careful distinction between the different febrile characters, that is to say, between the peculiar varieties in the symptoms and exudations observed in the case of one and the same local affection, and a comparison of these with the individual character of the blood. And finally:—

5. A distinction between individual local affections, and between the different forms of puerperal fever.—*Henle u. Pfeufer's Zeitsch. für rat. Med.*, Vol. v, Heft 4, in *Med. Chi. Review*.

## PART FOURTH.

### BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1.—A SYSTEM OF HUMAN ANATOMY, *General and Special*, by ERASMUS WILSON, M. D., *Lecturer on Anatomy, London*. Fourth American, from the last London edition. Edited by PAUL B. GODDARD, A. M. M. D. Professor of Anatomy and Histology in the Franklin Medical College, Philadelphia—with two hundred and fifty-one illustrations by Gilbert, pp. 576. Philadelphia, Lea and Blanchard, 1848.

One of the best criterions of the estimation in which a book is held, is the demand for a rapid succession of new editions. Wilson's Anatomy needs no commendation from us. It has, in the few years since it was first published, almost supplanted, in many parts of the country, all other treatises on anatomy, and is emphatically the text book for students at the present time. The American Editor, Prof. Goddard, as he tells us in his preface, "has added some new matter and a large number of new cuts—among others an important series on the nerves—he has re-writ-

ten his introductory chapter on Histology ; and he has taken every care to ensure throughout, perfect correctness in the text." The work is got up in the most substantial and excellent style, and the illustrations are admirable. It deserves its high reputation.

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2.—AN ANALYTICAL COMPENDIUM *of the various Branches of Medical Science, for the Use and Examination of Students.* BY JOHN NEILL, M. D., Demonstrator of Anatomy in the University of Pennsylvania, Lecturer on Anatomy in the Philadelphia Medical Institute, etc., and FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction, etc. Philadelphia, Lea and Blanchard, 1848.

This is another of those compressed volumes, which, in a comparatively small space, contain the most important facts of many larger works.—It is a compact duodecimo of over 900 pages, and embraces, under the title of "Handbook," concise treatises on Anatomy, Physiology, Surgery, Obstetrics, Materia Medica and Therapeutics; Chemistry and the Practice of Medicine. Compiled, as it confessedly is, from our standard works, it contains what is most essential, without professing to be complete in the different branches named. It is fully posted up, and may be relied on, as far as it goes. It possesses one important advantage over others of a similar scope, in the number and accuracy of its illustrations, of which there are 333 in the volume. The different parts, though bound together in the volume before us, may be had separately if desired.

These epitomes of our science, which pass under the names of "vade mecums, manuals, compends, &c.," are very useful to the student and the practitioner within certain limits. There is danger that the student, having mastered one of these, will imagine that he knows all that is necessary, and neglect those larger and more important works, without a knowledge of which he must ever be but a superficial bungler.

"Drink deep or taste not" applies with peculiar force to the professional study of medicine. In no profession or business is a "little knowledge" so dangerous a thing.

If they are used only as "remembrancers," during the student's pupilage, or even afterwards, there is not the slightest objection to them, indeed they are highly convenient and useful. The work before us is more extensive than most of its predecessors, and we have no doubt will meet with a ready and extensive sale.

- 3.—PRACTICAL OBSERVATIONS on *Certain Diseases of the Chest, and on the Principles of Auscultation*. BY PEYTON BLAKISTON, M. D. F. R. S.; Fellow of the Royal College of Physicians; Physician of the Birmingham General Hospital, etc. pp. 384. Philadelphia: Lea and Blanchard, 1848.

The above republication of the work of Dr. Blakiston, we regard as a very useful one. It is eminently practical, and therefore we like it. Thus much in the outset. We will now proceed to give the reader, in as brief a space as we can, some idea of the character and scope of the book. The writer says that his principal object was "not so much to produce a practical treatise, as to record the results of personal experience." In short, the work is little more than the recorded history of one hundred and twenty-two cases of diseases of the chest organs, comprising among others, about twenty cases of aneurism of the aorta, one of aneurism of the pulmonary artery, a large number of valvular and other diseases of the heart; pleurisy, acute and chronic; pneumonia, acute, chronic, latent, typhoid, gangrenous; tubercular phthisis; one case of cancer of the lungs, and one of pneumo-thorax without previous symptoms of phthisis or pleurisy.

The first eighty pages embrace an elementary treatise on the principles of Auscultation. The first chapter is on the general properties of sound. Many of the difficulties supposed to be in the way of students, in the cultivation of what is called Physical Diagnosis, arise from a misapprehension of those difficulties and the supposition that the whole subject is new and abstruse. The fact is, that nearly, if not quite all the signs derived from auscultation, percussion and manual examination, depend, for their development, upon those ordinary laws of physics which govern dead matter; and the more important of them are appreciated solely by differences observed in sounds. Those principles in acoustics, then, which have a more direct bearing upon the different methods of Physical Diagnosis, are very properly prefixed to the preliminary treatise, though perhaps our author might have applied the principles he lays down, rather more directly to the examination of the chest than he has.

Chap. II. is on sounds elicited by percussion, and is a very good epitome of the subject. The author does not speak of the mode of performing the act of percussion, supposing it to be already familiar; and in omitting this, he also omits to speak of the sense of resistance or elasticity recognized by the pleximeter finger, and which is often an important adjuvant in diagnosis.

The chapter on Auscultation is of course, more extended. The causes which produce the pulmonary sound or vesicular murmur are especially dwelt upon. As some very interesting facts and investigations are referred to, we will extract what is said on this subject.



*Pulmonary Sound.*—A variety of opinions have been held concerning the seat of the formation of the pulmonary sound. Some maintain that it is formed in the mouth, fauces, or glottis, and is thence propagated to the surface of the chest; others, that it is formed in the air-vesicles; and others in the middle-sized and small bronchial tubes.

In endeavouring to determine this point, it must be constantly borne in mind that the great characteristic of the pulmonary sound is its marked diminution or entire absence during expiration; and that it cannot be produced by any cause which does not satisfy this condition.

Laennec called this sound vesicular, because he supposed it to be produced by the air entering and leaving the vesicular terminations of the air-tubes; but he has not attempted to account for its absence or diminution during expiration. Dr. Škoda, however, endeavours to account for this difference, on the supposition that a greater resistance is offered to the entrance of the air into the vesicles than to its exit from them. This, he argues, is effected by the resilience of the vesicles, which to a certain degree resists distension. This would be true if the air were forced into the trachea, whilst the walls of the chest were passive, but not otherwise. In fact, however, the air-vesicles are similarly situated to a bladder placed under the bell of an air-pump, and communicating with the external atmosphere through its neck. If this communication be for a moment interrupted, by turning a stopcock which has been fixed in the neck of the bladder, and the pump be worked, then as the air around the bladder becomes rarefied, that within it becomes proportionately rarefied, expands, and exerts an equable outward pressure against the internal surface of the bladder, with little or no friction. The stopcock being then turned, the external air rushes in. This is just what takes place during inspiration, under the influence of the muscles which elevate the ribs, and enlarge the capacity of the thorax; except that there is no appreciable interval between the expansion of the air already in the vesicles and the entrance of additional air from the bronchial tubes. No greater resistance, therefore, is offered to the entrance of the air into the vesicles during respiration than to its exit from them, and consequently no more sound can be engendered in them during inspiration than during expiration. Hence it follows that the respiratory sound, which is more intense and prolonged during inspiration than during expiration, is not principally formed in the air-vesicles.

M. Beau, Dr. Spital, and others are of opinion that the pulmonary sound is chiefly formed in the fauces and glottis. In support of this opinion it is asserted that if the glottic aperture be enlarged by a peculiar movement of the muscles of the larynx, the resistance to the air at this spot will be thus removed, and it will enter the lungs without giving rise to sound. In order to prove that the lungs are equally inflated in the same given time, when the sound is thus prevented, as when it is produced by ordinary respiration, a person is made to respire from a pig's bladder filled with air. A slight inspection might probably convey the impression that such was the case; but if the

bladder be placed in a glass vessel with a long narrow neck containing coloured water, and if the rise and fall of the water be accurately observed, and the time consumed by each respiration noted by means of a stop-watch, it will be found that when the respiratory sound at the trachea is very much weakened, less air enters the lungs in a given time. If, therefore, the force with which the air enters the lungs is thus diminished, the respiratory sound at the surface of the chest, never very strong, will of course cease, whatever be the seat of its generation. It is further asserted that the intensity of the respiratory sound at the surface of the chest is increased by stertorous noises produced in the mouth and fauces. The pulmonary sound may certainly be drowned by this means, and also by bass-viol sounds if they are sufficiently loud; but it is not strengthened. On the contrary, when such noises are not very loud, they are perceived to be quite distinct from the pulmonary sound, which remains unmodified by them.—Careful and unbiassed observers, well accustomed to auscultation, will, I think, have no difficulty in deciding on the comparative correctness of these opposite statements.

M. Beau endeavours to account for the difference between the intensity of the pulmonary sound during inspiration and expiration, by assuming that in the former act the glottis contracts, and offers an obstacle to the entrance of the air which is not offered to its exit. In that case the difference in the intensity of the two sounds should be quite as much marked over the larynx as at the surface of the chest; whereas, in fact, there is little or no difference perceptible in the former spot. If the pulmonary sound were formed in the mouth and larynx, and thence transmitted to the surface of the chest, *a fortiori*, the stronger sound of the voice would be conveyed there also. It will presently, however, be seen that in health no resonance of the voice is perceived over the greater part of the chest. It would appear, therefore, that the sounds engendered in the mouth and trachea are so weakened by divergence, and by destruction in the non-homogeneous tissue of the lungs, that they do not form a principal part of the pulmonary sound. If, then, the pulmonary sound, which reaches the ear over the surface of the chest, is not engendered to any great amount at either extremity of the bronchial tree, it must be chiefly formed in the intermediate parts, the bronchial tubes.

It must, however, be either originally formed louder, or be more freely propagated to the ear during inspiration than expiration.

In a very ingenious paper, read by Dr. James Carson, of Liverpool, in 1841, at the meeting of the British Association for the advancement of Science, at Manchester, it is stated to be the opinion of the writer that the muscular fibres, which surround the smaller bronchial tubes, contract during inspiration for the purpose of narrowing the tubes and thereby forcing the air up into their vesicular terminations. If such be the case then an obstruction is offered to the entrance of the air which exists only at the very commencement of its departure from the lungs, and ceases on the relaxation of the muscular fibres.

Before I was made acquainted with these views, I was unable to ac-

count for the inequality of the two sounds on any other grounds than the difference in the circumstances which affected their propagation to the ear; considering that as, during inspiration, the current of air sets towards the surface of the chest, it would quickly carry up the sound, and thereby, to a certain extent, diminish its absorption by the mucous membrane of the tubes, which might take place to a greater extent during expiration when the current sets in the opposite direction. But this does not apply to that portion of the sound which is propagated by the sides of the tubes. But, even were this not so, I am now perfectly satisfied that any such cause is insufficient to produce the great difference in the intensity and duration of the two sounds. For if a person respire through a metal or smooth wooden tube, the two sounds which are heard at the other end of the tube during inspiration and expiration, will be found to be of equal intensity; but if the same person respire through a tube made of a roll of carpet, the sound produced when the current of air sets towards the ear, will be found to be rather louder than that which is found when the air is drawn from the ear. This difference, however, is so slight that it is impossible that that which is observable between the two sounds, when heard at the surface of the chest, can be attributed to this cause alone.

It may be concluded, therefore, that the pulmonary sound is principally formed by the air rushing through the smaller bronchial tubes."

It must be confessed that the precise cause of the murmur is rather obscure. Whether our author has given the correct explanation, admits, at least in our own mind, of a doubt.

The voice sounds are clearly discussed, so far as auscultation is concerned, but the indications afforded by the touch or palpation are entirely omitted. It is true, that in many cases the vocal fremitus is not perceived by the hand. There may be aphonia or great physical weakness, or the voice may be of such a character as to produce almost imperceptible vibrations; still in very many cases, the sensation communicated to the hands while the patient is speaking, is of great importance as an item in diagnosis. When there is dullness on percussion arising from increased density of the lung itself, as a general rule, the vocal fremitus is increased, often in a very marked degree. When there is extensive effusion in the cavity of the pleura, the vibrations are lost in the fluid, and the fremitus is either entirely absent, or less than upon the sound side. No adept in Physical Diagnosis will rely exclusively upon a single sign. He will examine his patient thoroughly, and then analyze, compare, and reconcile, so far as he can, the different signs and symptoms, and deduce his diagnosis from them all. We regard the presence or absence of the vocal fremitus as one of the most important and reliable of the diagnostics of solidified lung and pleural effusions, and hence must believe that the omission is a somewhat important one.



The auscultation of the Heart sounds are next considered. Our author interprets the *language* of the heart a little differently from others. He makes it say *tiff-tac* instead of *lubb-dup*, *rub-dup* or *tic-tac*. If any student in auscultation is at all at a loss to know precisely, not what these sounds are like, but what they are, we advise him to place his ear over his neighbor's heart and to listen attentively. The causes of the production of the first or systolic sound of the heart, are satisfactorily discussed. The following embraces the conclusions at which Dr. Blakiston has arrived.

"The systolic sound of the heart is caused by the friction of the muscular fibres of the ventricles *inter se*, and the tightening of the auriculo-ventricular valves; strengthened in certain cases by the impulse of the heart against the ribs, and by the collision of the blood against the orifices of the aorta and pulmonary artery."

The different new sounds, or murmurs, are explained perhaps as fully as they can be in the present state of our knowledge. "Now the production of sonorous vibrations in liquid passing from a vessel into a straight tube, as from the heart into the aorta, depends on these circumstances:

1. The direction in which the fluid enters the tube.
2. Its velocity.
3. The nature of the surface of the vessel and tube."

It is well known that inorganic murmurs are often observed, which neither of the circumstances mentioned above, or all of them together, will explain. We think another "circumstance" should be added, viz:

4. The nature of the fluid itself.

In anemia and chlorosis for example, we have no doubt that the murmur often heard, depends at least as much upon the change in the constitution of the blood, as upon any other single cause.

In the practice of auscultation, when a Stethoscope is used, Dr. Blakiston prefers a solid one. His reasoning on the subject is thus stated.

"The construction of the stethoscope must in some degree depend on the views we entertain of the manner in which it transmits the sounds of the chest to the ear. It has been customary to employ a hollow tube, as it is generally considered that sounds are best conveyed thro' the air contained within it, which is prevented from diverging by the sides of the tube. Dr. George Budd,\* whilst employing a hollow stethoscope, maintains that the sounds of the chest are for the most part propagated to the ear by the walls of the instrument; and that the only advantage which results from boring the wood is, that it is thereby made thinner, and thus vibrates more freely. Dr. C. B. Williams, in reply to Dr. Budd, argues that the air within the cylinder must be the principal conducting medium of the sounds caused by respiration, because such sounds, being chiefly formed in air, are by Prop. xiv best

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\* Med. Gaz. 1835.

conducted by the medium in which they are generated. If we were desirous of listening to these sounds as they issue from the mouth, the hollow, bell-mouthed stethoscope would doubtless prove an excellent ear-trumpet, and would transmit them faithfully up to the ear, through the medium of the air contained within it. But the object of auscultation is to listen *through the walls of the chest*. Before, therefore, sounds formed within the chest can reach either the stethoscope or the ear, they must pass through these walls. The sounds, therefore, which are perceived by the ear, are the vibrations of the walls of the chest; and consequently, by the law above quoted by Dr. Williams, they will best reach the ear by a solid conductor. In respect to the sounds originally engendered in air, a break of medium has necessarily taken place, by their having to pass through the walls of the chest; but we cannot compensate for the loss of sound thus occasioned, by restoring the original medium; on the contrary, we only add to the loss, inasmuch as by Prop. XIII a destruction of sound takes place on *every* break of medium.

Theory, therefore, indicates the utility of employing a SOLID STETHOSCOPE."

We have ourselves, for some time, regarded the form of the stethoscope as of but little consequence comparatively, and have often been surprised at the distinctness with which all the chest sounds could be heard through the solid instrument. Our experience at present, is not sufficient to justify us in expressing an opinion of the relative merits of the solid and perforated cylinders. We have an instrument made after Dr. Blakiston's drawing, and intend giving it a thorough trial.

Our limits will not allow us even to refer to the numerous and interesting cases of thoracic aneurism whose histories are given. The difficulties in the diagnosis of this affection in its different forms of *dilated*, *sacculated* and *mixed*, may be readily inferred from the following extract.

"A careful analysis, then, of the signs observed in thirty-seven cases of thoracic aneurism leads to the following results.

No diagnostic sign was furnished by the character of the pulse, or by the presence of pulsation above or below the clavicles.

When a pulsation was seen and felt over a prominent spot in the chest, it indicated the presence of a sacculated or mixed aneurism.

Purring thrill was only valuable as a sign of aneurism in conjunction with other signs.

A systolic murmur, heard at a distance from the heart, even though it were not heard at the precordial region, only afforded evidence of the existence of aneurism when it was combined with other signs denoting the existence of a circumscribed tumour.

A double or diastolic murmur confined to one spot, at a distance from the precordial region, denoted the existence of a sacculated aneurism.

When a hollow murmur was heard, a dilated aneurism was present.

The intensity of aneurismal murmur was in a great measure proportioned to the force of the heart's action.

Aneurism of both kinds existed without the slightest trace of pulsation or murmur.

Aneurism arising within the sac of the pericardium were not indicated during lifetime by any characteristic signs.

I do not bring forward these as general propositions, but merely as results of the observation of thirty-seven cases of thoracic aneurism.—Although they are insufficient for the formation of general rules, yet they so far aid the cause of truth as to show that some other writers on this subject have generalized too hastily.”

We know but little of the special causes which lead to the deposit of atheroma in the arterial coats on which this disease principally depends, and we cannot adopt any special means for its prevention. After the aneurism is formed the objects to be borne in view are twofold.

1. The prevention of the increase, or rupture of a dilated aneurism.
2. The obliteration of a sacculated aneurism by the deposition of fibrinous clot within it.

In some respects these objects are very similar, in others dissimilar the one from the other. The treatment of *dilated* and *sacculated* or *mixed* aneurism is therefore considered separately.

In dilated aneurism, the prevention of further dilatation or rupture, may be facilitated by strengthening the walls of the pouch, or by diminishing the force of the current of blood, or by both means. The first, the strengthening of the walls of the pouch, can only be hoped for by inducing adhesive inflammation, by stimulating food or otherwise, and would be so hazardous that this object is abandoned and the only alternative that remains is the diminishing the force of the current of blood. This is to be accomplished by lessening the amount of blood in the circulation, by reducing the heart's action with low diet, sedative and purgative drugs, and mental and bodily repose. Large or excessive bleedings are to be avoided, and always in the recumbent position or to syncope. Excessive bleedings or an extremely poor diet might induce an extreme irritability of the heart and general system, which would favor the softening of the atheromatous deposit. Of the sedatives, digitalis must be used with great caution, and poppy and hyoscyamus are much more safe in their action. The extract of belladonna rubbed over the precordial region appears to act more beneficially in tranquilizing the heart's action, than any other drug. The whole plan is to be pursued with great caution.

In *sacculated* aneurism, the diminution of the force of the circulation would favor the deposition of clots, but it is desirable that these should be rich and firm, and adhere to the walls of the sac. The principal means to be resorted to are included under bleedings, as in the dilated form, the administration of a sedative drug, purgatives and chalybeates, mental and bodily rest, and the application of cold to the external tumor. A plethoric tendency is to be kept down by the use of saline purgatives.—The lancet should be used with great caution.



The numerous cases of chronic Heart disease, including hypertrophy, dilatation, pericarditis and valvular affections in great variety, are very concisely and well related, and possess great interest. They will well repay an attentive perusal. We should ourselves, have been somewhat better pleased if the author had, after giving the history and symptoms of each case, so far as it was done before death, given us the precise diagnosis as it was stated at the time. We could then compare the symptoms, the diagnosis of skillful adepts and the post mortem appearances.

A very valuable chapter is given on the diagnosis of chronic heart diseases, from which we make the following extract.

*“Diagnosis of Chronic Heart Diseases.*—When we meet with persons labouring under palpitation, dyspnœa, irregular pulse, fluttering or constriction at the precordial region, and other symptoms indicative of derangement of the action of the heart, the first point to be determined is whether this derangement depends on *organic* or *inorganic* causes.

**INORGANIC CAUSES.** The principal derangements of the action of the heart which arise from these causes are—

1. Dyspepsia. 2. Hysteria and nervous irritability, from whatever source derived. 3. Hyperemia. 4. Anemia.

When evidences of one or more of these states exist, we cannot from this conclude that inorganic causes alone are present, because organic changes of the heart may also exist at the same time. Before we can arrive at such a conclusion we must ascertain that no signs of these latter affections exist. This is by no means difficult in respect to dyspepsia, nervous irritability, and hyperemia. In anemia, however, a murmur is sometimes heard of the same character as that which occurs in aortic obstruction. It is seldom, however, persistent during a state of repose; for instance, during sleep. In these cases a somewhat similar sound can generally be made to appear by gentle pressure on the course of the arteries of the neck, and a musical hum may by the same means be produced in the large veins which approach the surface of the body. So that when these latter sounds are heard, and the aortic murmur does not exceed that of a soft bellows-sound, we may safely conclude that the main causes of derangement are inorganic.

Occasionally, however, when the debility and irritability are extreme, the heart becomes dilated to such an extent as to lead to tricuspid and mitral regurgitation. In that case, signs presently to be detailed will reveal this state with tolerable accuracy.

**ORGANIC CAUSES.** If, however, it be decided that some organic changes have taken place in the heart itself, the next point to be determined relates to the nature of such changes; whether the contractile power of the heart, or its valvular apparatus, or both are affected; and, if the contractile power be affected, whether it is increased or diminished.

*Increase of contractile power.* If this be constant, it must arise from hypertrophy of the ventricle, and if it be very great, the impulse com-

municated by the heart to the hand or head laid on the chest will be considerable, and will have more or less of a heaving character; the extent of the precordial dullness also will be increased, more particularly if, at the same time, the ventricles are dilated. The systolic sound, too, will be more muffled, as has been explained in the remarks on the formation of the sounds of the heart. In hypertrophy by extent, however, the quality of the systolic sound may be unaffected, whilst its intensity is increased, and it is heard at a greater distance than usual from the precordial region.

*Decrease of contractile power.* This must arise from attenuation and softening, and possibly from adhesion of the pericardium to the heart. Whether the heart be dilated or softened, the impulse is diminished.

When simple attenuation from dilatation exists, the extent of dullness over the precordial region is increased, and the sounds of the heart, although feeble, are sharp and clear, and are heard to a much greater distance than usual from the spot where they are engendered. When the ventricles are softened, especially if they are at the same time hypertrophied, both sounds are extremely feeble, and very muffled and confused. A softened state of the heart may often be thus recognised.

*Adhesion of the pericardium.* Dr. Saunders thought that this state might be discovered by a pulsation, or rather a retraction in the epigastric region, synchronous with the systole of the ventricles. The pericardium adhered to the whole circumference of the heart in six of the cases here recorded, and in another it was partially adherent, but in the last alone was this sign observed.

Pulsations were occasionally observed at the outer part of the left side, generally between the seventh and eighth ribs, which depended on adhesion between the pericardium and side; but in one case the pericardium did not adhere to the heart, and in Case xxxv it was connected with the side by long bands. I have seen this sign make its appearance in several cases after rheumatic fever, with pericarditis, two of which occurred in the wards of St. Thomas's Hospital in 1833, and on one or two occasions after pleuritis, but I have not had an opportunity of examining the bodies of these persons.

Dr. Hope has described a kind of jogging action of the heart as characteristic of this affection. I have long sought for this sign, but never could find it, nor have some other observers been more successful. The action of the heart was quite different in some from that which was observed in others of the cases above alluded to. In one, Case xxxiii, it was strong and quick as the stroke of a hammer; in another, Case xlv, very feeble and irregular; in others very moderate.

I am, consequently, unable to mention any sign by which the adhesion of the pericardium to the heart can be recognised.

If *derangement of the valvular apparatus* is suspected, we have to determine its *seat and nature*. Here our attention is at once directed to certain orifices of the heart by the general signs present. From what we have seen of the progress and termination of these diseases, if there be neither urgent dyspnoea, nor any signs of obstructed general circu-

lation, we shall suspect the aortic orifice; if very urgent dyspnœa be present alone, then we shall look to the mitral orifice, in expectation of finding regurgitation taking place through it. If there be signs of obstruction to the general circulation, we shall expect to find tricuspid regurgitation, with or without disease on the left side of the heart, according as the signs of pulmonary obstruction are present or not."

In the treatment of chronic Heart Diseases, it is often impossible to regard only a single lesion; hypertrophy, dilatation, valvular and other chronic affections often exist more or less together, and complicate each other. The following remarks are made upon the prevention of these affections.

"A certain number of cases of valvular disease, hypertrophy, and dilatation with attenuation, result from inflammatory attacks. Some of these, as acute pericarditis, are well marked, and therefore are generally recognised. If such cases were treated, on the plan detailed in the chapter on Pleuritis, with mercurial frictions and leeching, rather than by copious venesection, I cannot but think that the consequences would be in general less serious than they usually are, that the heart would less frequently adhere to the pericardium, and that hypertrophy, dilatation, and valvular disease would be less common.

There are other forms of inflammation, of a low subacute character, which are most insidious in their approaches; and therefore very difficult of discovery. The manner in which pericarditis and endocarditis thus occur in rheumatism is so well known, that a careful practitioner is always on the look out for them. As a precautionary measure, it is useful to rub in some mercurial ointment over the precordial region in all cases of acute articular rheumatism, whether there are physical signs of pericarditis and endocarditis or not."

When there is no obstruction to the circulation, small bleedings, which are seldom necessary if the patient is kept free from mental or bodily disturbance; poppy, hyoscyamus, conium, local anodyne frictions with the belladonna liniment or opium ointment, with the cold douche or sponging on the head, include most of the means recommended.

When pulmonary obstruction is present, the right side of the heart is or may become diseased from mitral regurgitations &c. In addition to the cautious use of the means recommended above, expectorants, of which the best is squill, usually combined with camphor, ether, &c., and tonics if the action of the heart is feeble, are often added with advantage. Pulmonary congestion is also much relieved by the occasional application of cups or leeches between the shoulders, and by open blisters on the chest.

When there is general obstruction, if both sides of the heart are involved, the case is formidable, and is generally drawing towards its close. The same general indications are to be met, but we have now to provide against the engorgement of the capillaries, and to remove the serum that may have been poured out. This may be attempted by increas-



ing the secretions of the kidneys, the bowels or the skin. Diuretics are usually the most successful.

We have already exceeded the limits we prescribed ourselves for this article, and we must defer for the present, the examination of that portion of the work before us, which relates to diseases of the respiratory organs.

We will endeavor to examine these somewhat, in our next number. In the meantime, we will express the wish that the example of Dr. Blakiston may be extensively followed. It is mainly by such careful, patient, pains-taking men, after all, that our science is advanced. The most brilliant genius will halt far short of valuable results unless conjoined with the every day drudgery inseparable from accurate observation. Such books help to form a basis upon which, after a time, a solid superstructure will be reared, and the men who write them deserve the thanks and patronage of the profession.

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4.—*Report of the Select Committee, to whom was referred the subject of imported adulterated drugs, medicines and chemical preparations, to the House of Representatives in Congress, June 2, 1848.*

The profession and the community owe a large debt of gratitude to all concerned in the passage of the law by Congress to prevent the importation of spurious, useless and worse than useless drugs and medicines. Efforts have been made for years, by the Colleges of Pharmacy in New York and Philadelphia, the Medical Journals and others, to arouse the attention of the profession to this enormous evil. Congress, at its last session, received numerous memorials and petitions from colleges, physicians, druggists and others, praying for relief. The American Medical Association at its last meeting, caused to be presented a memorial in its name. The attention of Congress was thus called to the subject, and the whole matter was referred to a special committee, two of whom, Drs. EDWARDS, the chairman, and FRIES, were members from Ohio.—The greatest facilities were afforded the committee in their investigations, by the public authorities, among whom we may mention as deserving of special commendation, Mr. Secretary Walker. This gentleman has shown an enlightened and liberal zeal in this matter, as indeed have many others without the slightest distinction of party, which is encouraging in the highest degree to our profession.

The committee performed their part in a very able manner, and the report presented by Dr. Edwards is all that could be asked for. Our limits forbid us from giving, as we had intended, an abstract of the Report in question. The following quotations will show abundantly the necessity there was for the interposition of the strong arm of the law. They are mostly from the testimony of Dr. M. J. Baily, of New York, who has,

we are glad to see, been appointed Inspector of Drugs &c. at that port, under the new law. It may be premised that full three fourths of the entire amount of drugs, medicines and chemicals imported into the United States, pass through the port of New York.

"More than one-half of many of the most important chemical and medicinal preparations, together with large quantities of crude drugs, come to us so much adulterated, or otherwise deteriorated, as to render them not only worthless as a medicine, but often dangerous."

"Opium is at present more frequently adulterated with liquorice paste, combined with a bitter vegetable extract, likewise with an extract made from the poppy plant, with an admixture of the leaves. An article called opium is prepared and sold for exportation in the foreign markets, composed of liquorice paste extract of poppy heads and leaves, and a small portion of gum tragacanth, and a bitter vegetable extract. Another article of opium comes to us, more or less, and in some instances entirely, deprived of its active principle, the same having been extracted for the manufacture of morphine.

So called opium has passed the New York custom-house, within the last twelve months, so highly charged with liquorice paste, that not only was the smell very perceptible, but on account of the excess of saccharine matter thereby furnished, the worthless mass was alive with worms! Some of these adulterations are invoiced as low as one-third the price of pure opium, and of course are not worth that.

Calomel is adulterated with chalk, sulphate of barytes, and white lead, and furnished by the foreign manufacturers at about two-thirds the price of the genuine.

The *mercury* or *quicksilver* of commerce is generally impure; *lead*, *bismuth* and *zinc* are found mixed with it. It should never be used in the preparation of medicine without previous purification.

*Red oxyde* of mercury or *red precipitate* is frequently mixed with *red lead*.

*Blue pill mass* is greatly and extensively adulterated. This article, when pure, should contain thirty-three and a third per cent. of *mercury*, combined with *conserve of roses*, etc.; but a spurious article has been imported to a considerable extent within the past few years, which is found, on analysis, to contain less than one-fourth part of that quantity, basely mixed up with earthy substances, etc. This worthless article is purchased from the foreign manufacturer at about one-half the price of the genuine.

*Sulphate of quinine*, another very important medicine, is fraudulently adulterated with *salicine*, *chalk*, *sulphate of barytes*, etc., rendering it comparatively worthless, if not dangerous as a medicine. This spurious article has been imported and sold in New York (neatly put up with the name label, etc., of a popular manufacturer) by the agent of a foreign establishment, at the rate of *ninety cents an ounce*, when the genuine foreign article could not be purchased of the manufacturer for less than *two dollars and twenty-five cents an ounce*.

Large quantities of iodine are sent to us in bulk, and in a very impure condition, by foreign manufacturers and speculators. It is almost worthless as a medicine; but, nevertheless, it is bought up by our speculators, who have it neatly put up in small bottles, etc., and sell it as a good article.—The same with *iodide of hydriodate of potass*, which is frequently found adulterated with *nit. potass*, (*saltpetre*), *sal. ace. to. sella*, etc. *Bromide of potassium* is labelled and sold as genuine *hydriodate*.

Many of the foreign medicinal extracts are prepared and sold in reference to *price* rather than to *strength* and *purity*. The foreign manufacturers prepare any *quality* called for. *Compound extract of colocynth* (as the label imports) comes to us in a manner well calculated to deceive, but, on examination, is found to contain not one particle of *colocynth*. This spurious article is invoiced at about one-third the price of the genuine article. *Extract of Peruvian bark*, *sarsaparilla*, *rhubarb*, *hyoscyamus*, *jalap*, etc., of a like inferior description, are constantly being imported to a greater or less extent.

Very little, if any, of the pure Russian castor finds its way to this country. An imitation compound of *dried blood*, *gum ammoniac*, and a little real *castor*, put up in artificial bags, is the article generally met with.

But one invoice of *real myrrh* has been imported into New York during the past eighteen months, while very large quantities of the artificial have been imported direct from Canton, where the manufacture is carried on to a great extent. This impure article is invoiced at less than one-fifth the price of the genuine, and is not possessed of any medicinal quality.

Very little pure and prime *gum myrrh* is imported; most of it is adulterated by the admixture of other and inferior gums.

Most of the *gum ammoniac* now imported is more or less adulterated with common resin and earthy substances. It sells for less than one-third the price of the *gutta ammoniac*, or pure gum. The latter is now seldom met with.

*Gum assafetida* is most extensively adulterated with inferior mucilaginous gums, chalk, clay, etc. An invoice of some four thousand pounds of this article passed the custom-house at N. York not many months since, and not one pound of which was proper to be used for medicinal purposes without previous purification.

*Peruvian bark* comes greatly mixed, and no small portion of it of a very inferior and worthless quality. We know of even twenty-five distinct species of this bark, and, as may be supposed, they differ greatly in strength and price. Considerable quantities are shipped to this country after having had the active portion extracted for the purpose of manufacturing *extracts of bark*. The best article is imported or purchased for the manufacture of *quinine*: the other for powdering. It comes invoiced from five cents to one dollar per pound, according to the place of purchase and the quality of the bark. *Peruvian bark*, fit to be used in medicine, can only be bought at the place where produced, at from thirty-five to seventy and eighty cents per pound.

No pure *Aleppo scammony* has for a long time been imported through the New York custom-house, because the article in inferior strength and purity has taken its place in the market. The *Smyrna scammony* is always adulterated with some worthless vegetable extract, flour, ashes and clay. An article called *Smyrna scammony* (and a fair imitation) is occasionally imported, which has proved to be a combination of *jalap*, *gamboge*, *chalk*, *gum Senegal*, and *ivory black* without a particle of real *scammony* in its composition.

Thousands of pounds of worthless *rhubarb* root are sent out annually to this country for a market by foreign speculators, principally from England. London being the greatest drug market in the world, it is but reasonable to suppose that large quantities of crude drugs, of a greatly deteriorated and inferior quality, must necessarily be constantly accumulating in their warehouses, which, on account of the long existing laws of that country, cannot find a home market, and, in consequence, must either be destroyed or exported to some place where there is no law to prevent their introduction. The article of *rhubarb* I have alluded to is found, on examination, to be either greatly deteriorated by age, or as having been deprived of its medicinal virtues by decoction for the purpose (as with the Peruvian bark above named) of manufacturing extracts.

This worthless drug is generally found to be what was once East India *rhubarb*, and is invoiced at from four to fourteen cents per pound, when at the same time the most ordinary *fresh rhubarb* of the kind, fit to be used for medicine, cannot be purchased at the place of production for less than from thirty-five to fifty dollars per hundred pounds. This trash is bought up by speculators for powdering, and is sold to the unsuspecting retailer as a "fair article."

More than one-half of the *cinnamon* imported into New York during the past year was a very inferior article; some of it nearly tasteless, on account of its virtue having been extracted by distillation, in the manufacture of the *essential oil*. Most of the oil of *cinnamon* comes more or less adulterated with inferior oils; and the same may be said of most of the other medicinal essential oils.

More than three-fourths of what is called *Croton oil* imported is either adulterated, or an oil of inferior quality, made from an entirely different seed from that which furnishes the genuine article.

Much of the rectified medicinal *naphtha* imported is a crude preparation, and very impure. This, as well as many other medicinal preparations, such, for instance, as iodine, hydriodate of potass, magnesia, epsom salts, etc., are made in considerable quantities, without the requisite care, in the large foreign chemical establishments, where their regular business is to manufacture only the coarser chemical preparations, used almost exclusively in the arts. Of course these articles, being hastily and imperfectly prepared out of the "odds and ends," and as rudely put up for market, can be afforded at a much less price than the pure article. It is now common for the foreign manufacturer to send out to this country these articles on consignment, with his other preparations, used in the arts. It may not be amiss for me here to say, for the benefit of the medical profession and dealers generally throughout the country, as well as for the *army and navy surgeons*, who purchase chemical and medicinal preparations for the public service, that too much reliance, in their selections, must not be placed upon what purports to be the *name* or *label* of some noted and foreign popular manufacturers, which they may find attached to the bottle or package. For it must be borne in mind that, while many of the adulterated, fine chemicals, etc., come to us neatly put up in small quantities, for the retail trade, bearing a fictitious label, much of the very crudely and imperfectly manufactured chemical I have named, together with considerable quantities of *morphine*, is imported in *bulk*, or, in other words, in bottles or cases, containing several pounds each, and bearing only the name of the article; giving us no clue to the real manufacturers beyond what may be gathered from the name or names of the exporters upon the invoice; and they are not unfrequently foreign commission merchants. Notwithstanding this, these crude and impure articles, in bulk, find, I regret to say, ready purchasers among unprincipled dealers, who have them put up in small quantities, (similar to the genuine,) in foreign bottles, imported expressly for the purpose, to which is, afterwards, attached a neatly executed imitation label of some well known foreign manufacturing chemist. The articles are then ready for market, and are purchased by the unsuspecting, (for circulation throughout the country,) I fear, too often, on account of the label, and general external appearance of the bottle, without proper attention to the contents. Hence the reason many chemical preparations fail to meet the reasonable expectations of the country practitioners, who have neither time, means nor opportunity for analysis."

5.—*A Dispensatory and Therapeutic Remembrancer*; comprising the entire lists of *Materia Medica*, *Preparations* and *Compounds*, with a full and distinct version of every practical formula, as authorized by the London, Edinburg, and Dublin Royal College of Physicians, in the latest editions of their several *Pharmacopœias*, to which are subjoined copious relative tables, exemplifying approved forms under which compatible medicines &c. may be extemporaneously combined, &c., &c., &c. BY JOHN MAYNE, M. D., L. R. C. S. Edin. Revised, with the addition of the formulæ of the U. S. *Pharmacopœia*, etc. BY R. EGLESFIELD GRIFFITH, M. D., author of "Medical Botany," pp. 329.—Philadelphia, Lea and Blanchard.

6.—*A Dispensatory, or Commentary on the Pharmacopœias of Great Britain, (and the United States;)* comprising the natural history, descrip-



tion, chemistry, pharmacy, actions, uses, and doses of the articles of the *Materia Medica*. By ROBERT CHRISTISON, M. D., V. P. R. S. E.—President of the Royal College of Physicians of Edinburg; Professor of Mat. Med. in the University of Edinburg, and ordinary Physician to the Queen for Scotland. Second edition, revised and improved, with a supplement, containing the most important new remedies; with copious additions, and 213 illustrations, by R. EGLESFELD GRIFFITH, M. D., &c., pp. 1008. Lea and Blanchard, Philadelphia, 1848.

The former of these works is a practical abstract of the British Pharmacopœias, and is intended as a kind of pocket dispensatory for the practitioner and medical student. In addition to a comparative view of all the official preparations of these high authorities, with those of the U. States Pharmacopœias, added by the American editor, the *use* of the several articles and their compounds, is indicated. Under each head a few extemporaneous formulæ are appended, in the form of foot notes, intended to assist the practitioner's memory by the suggestion of forms and combinations most suitable for the medicinal substances to which they are annexed; the required *quantities* being *omitted*.

With the clear and comparative view of all official preparations given by this little Ready Reckoner of the *Materia Medica*, the prescriber can see at a glance wherein they differ, and select such as are best suited to answer the indications of the case.

The next is a work of much higher pretensions, and for this truly valuable addition to our means of acquiring a knowledge of remedies, we bespeak a hearty welcome from the practitioner and student of *Materia Medica*. There are some excellencies that especially commend it. Among these are the explicitness of the pharmaceutic directions, the abundance and extent of the tables of specific gravity, thermometrical equivalents, formulæ for cooling and purging mixtures, effects of temperature and solubility of salts, all contained in the introduction, which embodies a rich store-house of knowledge.

The body of the work is characterized by that precision of knowledge and profound and extensive research that mark all the works of this author. There is an absence of that sanguine recommendation of remedies, that is so liable to induce an undue confidence in the mind of the student, the reaction from which, has been the most fruitful source of modern quackery. There is another excellence, in the frequent reference to the adulterations of medicine, and the tests furnished for detecting these violations. As this constitutes one of the greatest obstacles in the progress of modern medicine to that approximation to certainty of which it is capable, we feel grateful for every new revelation, that exposes to public indignation and detection, and ultimately a just retribution, that essentially wicked trade, that for years has been poisoning the fountain of the healing art. We rejoice that the medical public are becoming aware of this most prolific source of embarrassment in their ministrations for good. In our own country especially does this crying evil call

for a complete investigation and reform ; and we trust the means are already at work that will be ultimately successful.

The additions of the American Editor to this work, very much increase its value and usefulness to American physicians.

But with all its excellencies, we do not find in it a substitute for our own dispensatory by Wood and Bache, which we think compares most favorably with the best European works of the same kind. M.

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7.—*The Nature and Treatment of Deafness and Diseases of the Ear, and the Treatment of the Deaf and Dumb.* By WILLIAM DUFTON, M. R. C. S. 12mo—pp. 120. Philadelphia: Lea and Blanchard.

Until quite recently the diseases of the Ear have not received that consideration from authors in Medicine and Surgery which their importance demands. Down to the commencement of the present century comparatively little was known on the subject, and consequently the treatment of this class of diseases was entirely empirical and frequently most destructive to the functions of this important organ.

Within a few years the elaborate works of Kramer and Pilcher have been re-published in this country, and have done much to lay a substantial and scientific foundation for Aural Surgery. For reasons we do not fully comprehend, these works have not been widely circulated, and it is a lamentable fact that the profession generally, are more completely in the dark as to the nature and treatment of diseases of the ear than of any other department of medicine. "Earache," "gatherings in the ear," "discharges from the ear" and "nervous deafness," comprehend about the extent of the nomenclature applied to diseases of this organ, whether acute or chronic, both in and out of the profession.

One, and perhaps the principal reason why there has been hitherto so much confusion and imperfect knowledge on this subject, is found in the fact that the internal divisions and anatomical structures of the ear are extremely complicated and inaccessible to human observation. Every part of the organ of hearing which lies beyond the membrana tympani, whose diseases are most fatal to its functions, and sometimes to life itself, is completely encased in the petrous portion of the temporal bone, and entirely beyond the reach of our means of inspection.

Any work then which shall in any degree elucidate this important class of diseases should be greeted by a liberal patronage. To one who has perused carefully the more elaborate works of Kramer and Pilcher, the treatise before us may appear cursory and rather too compendious. This may be too true, and yet this little book treats most of the diseases of the ear scientifically and skillfully. Acute and chronic inflammations of each tissue that compose the external ear, the meatus auditorius

externus, membrana tympani, the tympanum and external ear are distinctly described and treated with appropriate remedies. Foreign bodies in the ear, diseases not strictly inflammatory and affections of the auditory nerve, receive their due share of attention from the author.

To those who have not the time to investigate fully diseases and affections of the ear, we would commend this little volume, which will be found to contain much that will prove a safe and valuable guide in the practice of Aural Surgery. H.

8.—ELEMENTS OF THE PRINCIPLE AND PRACTICE OF MIDWIFERY. By DAVID H. TUCKER, M. D., Professor of the Principles and Practice of Medicine, and formerly of Obstetrics and the Diseases of Women and Children, in the Franklin Medical College of Philadelphia. With numerous Illustrations. Philadelphia, Lindsay and Blakiston. 1848. 12mo—pp. 405.

Although this book has been lying for some time upon our table, we are able to give it only a passing notice. It is the first of a series of elementary works now being issued by the enterprising publishers, the second of which, Dr. Stille's treatise on Pathology, we noticed in our last. The author does not lay claim to the least originality, and professes only to have compiled the work from the materials furnished by the numerous American, English and French publications of the last few years.

Midwifery is defined to be "that branch of the science of medicine which treats of the management of females during pregnancy, labour, and the puerperal state." If the author intended by this definition to include only what is *necessarily* connected with child-bearing, his treatise is, perhaps sufficiently comprehensive, but there are some things which the student and practitioner of obstetrics, will desire to know, and which he would look for in such a book, which are entirely omitted. So far as the examination which we have been able to give the work enables us to judge, it is very well and plainly written, and contains in a concise form, what is best known on the subjects of which it treats. The series, which it introduces, thus far, promises to be very useful, and we have no doubt will meet with an extensive sale.

9.—*The Transactions of the American Medical Association, instituted 1847. Vol. 1. Philadelphia: Lea and Blanchard—pp. 403.*

This welcome volume came to hand too late to enable us to do more in this number, than simply to call attention to it. It contains the minutes of the first annual meeting of the American Association, with the



reports of the several committees, and several papers of great value. We shall endeavor to give it a somewhat extended notice in our next. In the mean time, after a careful examination, we have no hesitation in recommending it to our readers as one of the most useful volumes they can purchase.

It is one of the first tangible effects of that great movement which is, we hope, to elevate and benefit us all, and will attract, as it should, the attention of a large proportion of the profession.

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## PART FIFTH.

### EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, NOVEMBER 1, 1848.

THE PROFESSION IN OHIO.—Under this caption one of the editors of the *Western Lancet*, publishes the following extract from our remarks in the last No. of the *Journal*. "The condition of a portion of the profession in Ohio has been, and still is, to some extent, a disgrace to us. A very considerable proportion of the practitioners of our State, have never received a regular medical education or obtained a degree." The editor follows this with some comments, which being based upon this extract alone, leaving out of sight what preceded and what followed, give a wrong impression of the *spirit* of the remarks in question.—If our readers will recur to the first No. p. 99, and read the paragraph in connection, we are sure that very few of them will disagree with us in a single assertion there made.

We do not, of course, ask our cotemporary to copy the whole, but we do ask him in what particular we are wrong. We reassert every word of the paragraph in question. Those quoted by the editor of the *Lancet* may seem harsh, but are they not true? A few years experience in editorial life may make us more careful how we utter what we know to be true and may *possibly* subtract something from that independence of thought and action which we have heretofore enjoyed, but until that time comes we will say what we think.

The editor says "it is probable that our cotemporary, in the absence of statistics, has *guessed* at the facts of the case, and consequently, his conclusions may not be rigidly correct." We submit to the editor whether we pretended to rigid exactness. The very terms of our assertion forbid such a supposition. We said "*a portion* are a disgrace to us—a *very considerable proportion* have not received a regular medical education," &c. Our friend is a greater stickler for the "numerical system" than we supposed, if he requires full statistics to justify such assertions as the above.\*

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\* We have received, since writing the above, the minutes and proceedings of the First Annual Meeting of the American Medical Association. The venerable DR. CHAPMAN, in his opening ad-

We will take his own assertion and prove that even he, at least, ought to agree with us. He says, "we presume that the profession in Ohio embraces about the *ordinary proportion* of badly educated physicians and no more, and hence it is hardly just to say that a *portion* of the profession is a "disgrace to us," and that "a very *considerable* proportion of the practitioners of our state have never received a regular medical education." Look at the conclusions.

1. The "*ordinary proportion of badly educated physicians*" should not be designated as a *portion* without accurate statistics.

2. "Badly educated physicians" are no *disgrace* to the profession, provided they are only in the "ordinary proportion."

Will our friend claim either of these conclusions, and yet they are, at least, as legitimately drawn as his deductions from our remarks. If there are but ten, aye if there is but *one* "badly educated physician," are not the ten, is not the one, a *disgrace* to the profession? We say again that "the ordinary proportion of badly educated physicians" in Ohio and every where, is a *disgrace* to us.

That a "very considerable proportion (not 1-4, 1-3, 1-10, 1-20,) but a *very considerable proportion*" of the practitioners of our state have never received a regular medical education, or obtained a degree," is so perfectly notorious, that we are surprised that it should be questioned by our intelligent cotemporary. We informed him in our last No. that some *eighteen* out of *thirty-two* of the last graduates of the Starling Medical College were previously practitioners of medicine of from four to twenty years standing, and the regulations for their graduation are precisely similar to those of the Ohio Medical College. A physician informed us a few months since, that in his immediate neighborhood, within the circle of his acquaintance, there were *eleven* regular practicing physicians who had never graduated; and we are assured that there are whole counties in Ohio in which the graduates are in the minority. We did not say that all these were a disgrace to the profession, by any means. On the contrary, many of them, the older ones especially, have made the most of the advantages within their reach, and deserve far more credit than many a younger man with "a regular medical education," and a "degree" to boot. If any of our readers were wounded by our shots, we hope they will flutter that we may know who they are.

We say again that a "*very considerable proportion*" of the practitioners of our state have never received a regular medical education, or obtained a degree." Will any man in his senses, who is acquainted with our profession throughout the state, deny this? \*

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dress, as President of the Association, uses the following language. "The profession to which we belong, once venerated on account of its antiquity—its various and profound science—its elegant literature—its polite accomplishments—its virtues—has become corrupt and degenerate, to the forfeiture of its social position, and with it, of the homage it formerly received spontaneously and universally." We shall of course expect the venerable and distinguished professor will be called upon for "statistics," to justify so sweeping a condemnation. To be sure he qualified it somewhat in the next sentence, but so did we our assertion *Fiat justitia, &c.*

\*Since writing the above, we have received a letter from a respectable Ohio physician, a personal stranger to us, from which the following is an extract. "Some remarks of yours on the state of the Profession, are noticed in the same place (the *Lancet*) with criticism. I am of course but little acquainted with the profession of the state generally, but your views, as expressed in the brief quotation there given, are perfectly correct in regard to this county, or within the circuit of my acquaintance. The proportion of educated to uneducated practitioners in this and the neighboring towns, is substantially as follows—educated, or those who have received a regular medical education *seven*—uneducated, *thirteen*. By the uneducated I understand me to mean those who have either attended no lectures, or but one course, and who have spent considerably less than three years, some less than *one*, in the regular prosecution of professional study."

We really hope our friend will take some trouble to inform himself as to the real condition of our profession in Ohio. He can easily obtain "statistics" to his heart's content.

We should have allowed the remarks of the *Lancet* to pass without a reply, but we wish, in the commencement of our career, not to be misunderstood by our patrons. We seek no controversy, and shall endeavor to keep out of all unprofitable ones, but we shall not hesitate to express and maintain, to the extent of our feeble ability, courteously but firmly, our own opinions upon any subjects that have any connection with or bearing upon, the profession of our choice. We would see that profession elevated, improved, dignified, but we do not believe that the best way to accomplish this, is to sit down quietly and fold our hands, with the comforting exclamation, that, after all we are as well off as our neighbors, and that, as we have only the "ordinary proportion" of sins to answer for, we may be, and should be, well contented!

We confess that we were much surprised at the tone of the strictures of our respected cotemporary. We looked confidently to him for sympathy and support in the great work in which we are equally engaged. Private interests are often the best stimulants to public enterprises; and because he and ourself happen to be connected with public institutions, does it thence follow that we are capable of no generous unselfish emotions, or lofty aspirations? We *know*—we do not "guess,"—too much of the actual condition of our profession, to allow us conscientiously "to cry peace, peace, when there is no peace." Nothing is gained, in our humble opinion, by sedulously covering up our own sins and delinquencies, that we may the more effectually lash the sins of others. Let us not again be misunderstood. We are no advocates for "Young Physic" or any of the more absurd self styled "systems" of medicine. We believe the regular profession in Ohio is infinitely superior in every respect, to any *other* class, or all other classes of practitioners of medicine or humbug, but—we are not satisfied yet. Our motto is "Excelsior!" and who will exclude himself from the generous race?—not the editor of the *Western Lancet* we are sure.

CHEAPNESS IN MEDICAL EDUCATION.—If our space allowed, we would extract entire, an article on this subject from the last No. of the *Western Lancet*. It is founded on a remark of ours in relation to the facilities at present existing for the obtaining a medical education, and the little necessity there is for students to commence practice before graduation. In speaking of these facilities, we remarked upon their readiness and *cheapness*; whereupon the editor of the *Lancet* reads us a homily upon *cheapness* in medical education, and deplores the degraded condition into which we are fallen. Judging by the last No. of the *Lancet*, we very much fear that we shall find it a hard task to exactly suit it, but we will assure our cotemporary that we stand ready either to defend anything we have said or may say, or when convinced of error, to retract it, and we shall do either with equal cheerfulness. The editor does not "attach to him" (us) "all the censure for *originating* a competition which has run into a state so deplorable," while he predicts the worst of consequences if this competition is continued. He says, moreover, that it is well known that two of our schools do furnish the facilities with "readiness and cheapness" for obtaining a medical education, and have therefore removed the necessity of practicing without a degree."

This subject is one in which many of the profession feel deeply interested, and we would be glad to discuss it more fully than our present limits allow. We will return to it again, if it becomes necessary. In the meantime, as our cotemporary is fond of statistics, we will present



a few facts, enough to show him, we hope, that if we err, we at least do so in good company. We will give the names and fees of a few Medical Colleges, the respectability of some of which, we are sure the editor will acknowledge.

*Dartmouth College, Hanover, N. H.*—This is one of the oldest and most respectable schools in New England. It can boast among its teachers of such men as Professors Nathan Smith, Elisha Bartlett, Oliver Wendell Holmes, John Delamater, and last, though not least, our venerable and most excellent friend, Reuben D. Mussey, of the Ohio Medical College. The lecture fees in this college, have ever been, we believe, and are now—*fifty dollars!*

*Bowdoin College, Brunswick, Maine.*—This college can reckon among its teachers Professors John Delamater, Henry H. Childs, Charles A. Lee, Parker Cleveland, J. Cobb and Reuben D. Mussey. The fees are *fifty dollars!*

*Vermont Medical College, Woodstock, Vt.*—This school was founded by the venerable Dr. Gallup, and Professors Palmer, Elisha Bartlett, Willard Parker, Robert Watts, Alonzo Clark, (the last three at present the distinguished Professors of Surgery, Anatomy and Pathology in the College of Physicians and Surgeons in New York City,) have all been, or still are, connected with it. The fees are *fifty dollars!*

*Berkshire Medical Institution, Pittsfield, Mass.*—This has been, for a long time, the most flourishing country school in New England. Among its teachers have been Professors J. V. C. Smith, of the Boston Medical and Surgical Journal, John D. Wells, the elder Palmer, John Delamater, Henry H. Childs, Willard Parker, Robert Watts, Elisha Bartlett, Alonzo Clark, the younger Palmer, Chester Dewey, Gilman Kimball, Abner H. Brown and others, as bright a galaxy as any school in the Union can boast. The fees have always been *fifty dollars!*

*Castleton Medical College.*—Of the history of this institution we know less than of the others. Its fees are *fifty dollars!*

*Medical College at Boston, Mass.*, connected with Harvard University. The Jacksons, Warren, Hayward, Bigelow, Ware, Channing, Webster, Holmes, names that are known the world over, are its Professors. The fees are *eighty dollars!*

*Medical Department of Yale College.*—The fees, we believe, are seventy dollars.

*Medical College of Albany.*—Fees seventy dollars!

*Medical College of Geneva.*—Fees sixty-three dollars!

*Medical College of Buffalo.*—Fees sixty-five dollars!

*Medical College at Cleveland, Ohio.*—Fees fifty dollars!

*Starling Medical College, Columbus, Ohio.*—Fees fifty-six dollars!

Medical Colleges at Chicago and Jacksonville Ill., and Laporte Ind., sixty and seventy dollars. All the colleges, or nearly all, south of the latitude of Columbus, *one hundred and five dollars*, with the exception of the Ohio Medical College, whose fees are only *ninety dollars!*

Having given these "statistics," we hope we may be allowed to draw some conclusions from them.

The first is, that the medical schools in the south, and in the great cities, place their fees higher for instruction, than in the eastern and northern states.

Our second conclusion is, that the excellence of medical instruction, or medical schools, does not depend solely upon the amount of the fees charged. If it were so, the Ohio Medical College could be only six-sevenths as good as the Medical Institute at Louisville, and the Starling

Medical College only about two thirds as good as the Ohio, neither of which, we can for one moment admit. The excellence of the schools depends more, in our humble opinion, upon the facilities for imparting instruction, and the men who do it, than upon any thing or every thing besides. If this be so, some of the schools we have named, can at this present writing, furnish a corps of instructors of which any school in the union might well be proud.

Our third conclusion is, that low fees do not necessarily degrade the schools, increase the number of students, or injure the profession at large. The medical schools of N. England stand as high, (not higher) as the medical schools of the south or west, and yet, in five out of seven of these, the fees are but *fifty dollars*, and in the highest but *eighty dollars*. Medical students are abundant there, as they are every where, but it would be difficult to show that low fees make them so. The school at Louisville is one of the largest and best in the union, and yet, its students are mostly from the south, where high fees abound without exception, and its fees are \$105. Will the editor of the *Lancet* or any one acquainted with the facts say, that the medical students of the south are better informed, and more industrious, and that they become better physicians than those of the northern and eastern states?

Low fees do not necessarily injure the profession at large. We might refer to the profession in N. England, nearly all of whom are educated in her own schools in proof of this assertion, but we prefer to come nearer home. We assert fearlessly, though precise "statistics" would be difficult to be obtained, that the profession in Ohio have improved sensibly and substantially within the last five years, and that low fees have contributed to this improvement. The very reason that so many a young man has entered upon the practice of his profession without graduating, has been, in many instances, *because* of the high fees and other expenses attendant upon our medical colleges. Let all the colleges at the west, at this moment raise their fees to one hundred and five dollars, or higher, and what would be the result? Would the number of practitioners be essentially diminished? Very slightly, if at all. The only difference would be that a large proportion of them would enter upon practice without attending upon lectures at all. The remedy for this lies in the profession at large, and the evil, if evil it is, is not to be charged upon those medical schools whose fees are within the reach of the self-dependant student. Nay more; let us all throw open our doors, and give our instructions entirely free, raising at the same time, as we should, our standard of qualifications, or leaving them as they are; what would be the result? It might increase for a time, the number of our students, but not permanently. What is there, we would ask in all soberness, in our profession, so attractive that the whole world is to be drawn into it almost in spite of themselves? What is there in the practice of medicine, which forbids that great law of *supply and demand* that governs almost every where else, from being brought into full and effective action? This law will operate in any event. The profession is, and will be, crowded, but a reaction will come. The schools will fluctuate, and if, in the course of these fluctuations and may be, revolutions, the little lamp, a part of whose oil we furnish, is extinguished, why then we will sit down, fold our hands, and with the calmest resignation say

"Othello's occupation's gone!"

but, till that time does come, we will labor on, and not anticipate too vividly the woes, which, after all may never overtake us, or which we may not live to see.

We are not satisfied with the schools as they are. In that, the editor of the *Lancet* is right; we even think that the fees in "two of the schools" should be, and might be without detriment, raised to about seventy dollars, with the entire abolition of credit. We have exerted ourselves to bring about this arrangement, without success; but we are far from believing that this measure alone, would raise the Ohio schools to that high standard of excellence to which they should all aspire. *A rigid preliminary examination, and a more rigid one still for a degree*, would do more, in our humble opinion, to raise the schools of the union, than any other means that could be devised.

In relation to the "almost unlimited credit system" of which our contemporary speaks, we can only say, that, so far as the Starling Medical College is concerned, the charge does not apply. We are opposed to the whole plan of giving credit for the lecture fees by the colleges. It is never done by us, as Dean of the Faculty, without exacting the most ample security, and then reluctantly. Very few notes are taken, and these are worth their full face. A letter was received by us, a few days since, stating that the writer had been offered credit from the Ohio Medical College, and asking whether the same favor would be extended to him from the college here. What reply would the editor prefer that we should give? We have the consolation again, of knowing that if we err in this matter, we do it in good company.

Our fourth conclusion, drawn mostly from our own observation, is, that *the length of a man's purse* is a very unsafe criterion by which to judge either of his character or attainments. Are the best students those who have the most money? Does not the contrary very often obtain? So far as our observation goes, it does. Give us the young man who is dependant upon his own resources, who knows the value of money because he must earn it; who feels the value of time, and the opportunities in his reach, and will improve them to the utmost; and the pampered, helpless, dependant child of wealth and luxury may go elsewhere. We invariably, in the discharge of our duties as a public teacher, question our students closely upon the practice of physic, but not at all upon stocks, rail road shares, or patrimonial acres!

We have extended our remarks very far beyond what we intended. We are sure we have written in perfectly good temper, and from this we will not depart. We will be no parties to an angry controversy.—Gentlemen can be courteous and respectful, and yet differ in opinion.—We claim nothing for our opinions more than what they may be worth. We do not expect, we hardly desire to please every body, for then we should lose our own self-respect, which we confess, we highly value.—"Let every man be fully persuaded in his own mind."

**FEES FROM CLERGYMEN.**—At a recent meeting of the State Medical Society of Connecticut, a resolution was introduced by a member, to the effect that the present practice of prescribing gratuitously for clergymen and their families, ought to be abandoned. This resolution has given rise to considerable discussion. Several communications have appeared in the *Boston Med. and Surg. Journal*, pro and con, and the editor of the *N. Y. Annalist* enters quite heartily into the subject.

The ground taken by those who are in favor of exacting fees from clergymen as well as others, is, mainly, that there is no good reason why we should not, and specially that the clerical profession do more to uphold and extend quackery in its various forms, than any other equal number of men.



Clergymen, it is contended, are generally no subjects for charity.—They are comfortably supported, and receive, like others, their hire.—Some of them are wealthy. They are not, as a body, like them of old; they have both “purse and scrip,” and many of them are “clothed in purple and fine linen and fare sumptuously every day.” Their poor parishioners who receive, perhaps, but their twelve or twenty dollars per month, are compelled to pay to the uttermost farthing; why should not the clergyman? Again, it is said, that the clergy sustain and extend quackery, and constantly step out of their own sphere to meddle with that which does not directly concern them, and of which they are profoundly ignorant. One can scarcely take up a newspaper that he does not see the names of numbers of Reverend gentlemen, affixed to certificates attesting to the most ridiculous and impossible absurdities, and recommending, in the most extravagant terms, medicines, the very composition of which, they do not know, and the nature and effects of which, they would not understand if they did. They, moreover, are frequently intermeddling with the regular profession, recommending this man because he is a member of their particular church, and decrying that, because he belongs to another; and they are, besides, the most active and influential advocates of hydropathy, homœopathy, eclecticism and other forms of quackery.

The above, we remark, contains the strongest part of the objections urged against further gratuitous service. Without stating formally the other side of the question, we shall, in as few words as possible, give our own views on the subject. We regard it as one of some importance, the discussion of which may do good.

We have a high respect for the clerical profession. Their mission is the most important that can be conceived. Compared with it all the professions, businesses, and pursuits of life sink into absolute nothingness. They are dignified by their calling—the greatest, the best man in the universe cannot dignify it. On this account they are to be respected; but the very sanctity of their profession turns the eyes of all men upon them. They are men nevertheless, and subject to like passions and infirmities with us. They are obnoxious to mistakes and errors like us, and some of them are no better informed, even in what relates to their own calling, than they should be. There are exceptions to all general rules, but, taken as a whole, the clergy of the United States are an educated, refined, and able set of men. As a body, they are not guilty of the charges preferred against them. Many ignorant or superficial ones (those who are varnished over with a thin scum of universal knowledge, we mean,) there are, and these are they, for the most part, whose names are found in the lying advertisements of the newspapers. We will go farther. There are some denominations very nearly or entirely free from the sin laid to their charge. No well-educated, faithful, pious, conscientious clergyman, who has a proper respect for his profession and himself, and we have many such, will ever, under any circumstances, lend himself to the propagation of error and falsehood, in the way spoken of. The vast majority of clergymen appreciate as it deserves, the medical profession, and are found everywhere, its considerate and consistent supporters. The whole body should not be made to suffer for the delinquencies of a few. Our own skirts are not entirely clear. Recreant M. D's., who love gold better than honesty or honor, as well as Reverends, appear appended to newspaper puffs, and gaseous advertisements. We spurn them both alike. We discriminate in the one case, why not in the other?

As a profession, then, we acquit the clergy of any attempt or desire to depreciate or injure in any way, the legitimate science of medicine. So far as this charge is concerned, we would have every physician to act for himself. Wherever and whenever a clergyman is found encouraging, in any way, quackery in our profession, let him be marked. If he consorts with quacks, to their tender mercies consign him; and if any professional services are rendered, charge to the extent of the law, and collect the fees.

But how is it in reference to the pecuniary ability of clergymen? In the large cities they often receive liberal salaries, besides numerous perquisites, but it is perfectly notorious that the great majority throughout the country are miserably remunerated for their services. No class of men, of equal attainments, are anything like as poorly paid. We verily believe that, if all the salaries were averaged, the resulting sum would not be over \$500 per annum. Out of this pittance, families are to be supported, and old age provided for. An equal amount of talent and learning devoted to almost any other pursuit, would secure a competence, and the very fact that a young man is willing to forego his earthly prospects, and embrace a life of self-denial, if not of actual privation, is "confirmation strong as holy writ," of the purity of his motives—we had almost said, of the depth of his piety. Clergymen are almost universally poor. Now and then one has inherited a patrimony, or married a *rich wife*, but the exceptions only prove the rule.

We think, in view of the whole subject, which we have, however, barely glanced at, that the following is the proper course to be pursued. When a clergyman is wealthy, or has an income, independent of his salary, he should pay his physician's as well as his grocer's bill. In all other cases, with the exceptions mentioned before, which should be absolute, we hope the practice of the profession will be as it has heretofore been, and that clergymen and their families will receive, as a general rule, without fee, the best services we can render.

*Jarvis' Adjustor*.—Mr. Cone, the gentlemanly travelling agent for the sale of the above instrument, called upon us a few days since. Some three or four years since, we purchased one, and had some experience in its use. Since that time, very numerous and essential improvements have been made—the whole is put up more strongly, neatly and compactly—though the principle upon which it acts is retained.

After a thorough examination and some little experience in the use of the adjustor, we give it as our opinion, that it is the most perfect thing of the kind of which we have any knowledge. We can only in this notice, refer to its chief excellence, in which it differs from others. It enables the surgeon easily and surely to exert any safe amount of force in extension and counter-extension, in the direction of the axis of the limb, and still to keep it under perfect control, and to extend, flex, or rotate it at pleasure. It is applicable to the reduction of dislocations of all descriptions, and also to the reduction and treatment of almost every variety of fracture with displacement.

It is the subject of a patent, and notwithstanding our entire disapproval as a general rule, of any exclusive monopolies in medicine and surgery, we are inclined to except this and perhaps some others from the general law, though we know it is somewhat heterodox. Purely mechanical means are often brought into play in surgery. The best application of these means is always a desideratum with the surgeon, and is of real and lasting importance. If Dr. Jarvis had written a work on

surgery, figuring and describing the uses of his "adjustor," no-body would have disputed his claim to the copy right. We have not the slightest doubt but that Dr. Jarvis has spent as much time and money over his instrument as many a medical author spends over a book which brings him an income of thousands. The instrument is an expensive one, costing about \$50—and will no doubt be more extensively circulated and used, than if not protected. We may be mistaken in our views, but we do think that a distinction should be made between medical and surgical patents. The latter should only be granted with great caution and on the recommendation of a competent surgical board, and the former should be refused altogether.

Mr. Cone also exhibited to us a new pair of *Obstetrical Forceps*, and Signorini's *Tourniquet*, of a very simple and effectual construction. The alleged improvement in the former consists in a joint in the shaft of each blade, allowing the grasping portions to turn partially on their axes, and thus adjust themselves to the head of the child. The latter consists of two curved steel arms with a joint at the centre and a pad at the ends. These are approximated by means of a cog and endless screw at the joint. It makes pressure only over two points of the limb, and is equally applicable in amputations or the treatment of aneurism by pressure. The last two instruments are not patented.

*Boston Medical and Surgical Journal*.—We thank the editor of the above Journal for the kindly welcome he extended to us on our first appearance. We inserted an article in our first No. among the American selections, giving due credit to the author, Dr. Meeker, of Laporte, Ind., but omitting to mention that we extracted it from the *Boston Med. and Surg. Journal*. The omission was entirely accidental, and, as we wish always to follow the golden rule, we regret that we have been guilty of even the slightest want of editorial courtesy. As the editor noticed the above omission, we hope he will accept our *amende*.

*New York Annalist*.—We regret to learn that Dr. W. C. Roberts has withdrawn from the corps editorial, though we have no doubt, from what we know of his successor, Dr. N. S. Davis, (whom the whole profession will recognize, when we say he is *the* Dr. Davis, *late of Birmingham*.) that the well earned reputation of the *Annalist* will be sustained. We are sorry to part with our friend Roberts. Every No. he has edited, nearly if not quite every word he has written, has been read by us. There is a freshness, a strength, an earnestness about him that we like vastly. His ideas come freshly coined from his brain and his heart. He writes what he thinks and he thinks for himself. Talented, learned, courteous and energetic, he is the very man, we should suppose, to make a journal like the *Annalist*, or any journal, popular and useful. We regret his withdrawal at this time especially, for among the amenities of our editorial life, we reckoned our intercourse with him. We cheerfully acknowledge our indebtedness to him for many things which will be useful to us in the conduct of our own Journal, but we expect to linger far behind him in doing our part of the duty he has assigned us. Would that we could receive with the "mantle" he leaves us "a double portion of his spirit," and battle for the right and the true as strongly, as firmly, as successfully as he has done.

Dr. Roberts says in his valedictory, that "he regrets that a little more interest could not have been displayed in the discussion of the multifarious topics which, during the last two years he has unceasingly presented to the consideration of his professional brethren. But the intel-



lectual constitution of the corps does not appear, at this moment, to possess that bias, and that—*he has labored alone!*” Let Dr. R. carry this consolation with him in his retirement, that if he has labored alone he has not labored in vain. He has “cast his bread upon the waters,” and ere many days it will return to him again. He who takes the lead in any new movement, however necessary, however just, however practicable, rarely carries, at once, even his brethren with him. *There is much of inertia to overcome.* “It takes great bodies a long time to move,” but when they are once set in motion, their very inertia becomes a power crushing all obstacles in their path. So it is with our profession. Let it once be aroused—let the “dry bones” which are now beginning to “shake,” be clothed,—let the apathy which has so long enshrouded us give place to an awakened and enlightened zeal which shall cover us as with a garment,—in short, let this great profession of ours stand up in its might and *do* what it can and ought to do; and what now seem mountains in her path would dissolve into shapeless clouds, and these again into “thin air” on its approach. But there is work! how much, to be done. Never, in the history of our profession has there been more urgent necessity for it. As civilization advances, the people become enlightened and think and reason for themselves. They can no longer be bound down as of yore, to the car of either religious or medical superstition. A long beard, a grave face, a wise and mysterious look, no longer pass current as betokening wisdom. The physician cannot stand out from his generation. He is, and must be, of it; and we are glad that it is so. We desire no return of what many affect to consider the good old days. The world, in our humble opinion, is more enlightened, more active, more humane, aye, more religious, than at any former period. We would not, if we could, turn back the wheel of progress a single cog, but the rather urge it forward with all our might. The restless activity, the indomitable energy, the impulsive and propulsive zeal of our age, will show itself in every department of human life and human enterprise. We, our profession, must and should mingle in the strife. She will be both strengthened and purified by it, and she will yet appear as “gold seven times refined from the hands of the refiner.” It is the very conflict she needs. Let her sharpen her weapons and polish her armor. Let her bear not only the shield, the helmet, the plaited mail, but the bow, the sword and the javelin—then will she be prepared not only to defend herself from all attacks, but to hurl defiance and destruction upon her enemies. But let her not think to save herself by retiring within the old walls of her once impregnable fortifications. She will be closely besieged and will starve there. She must mingle in a hand to hand fight, *with the rest.* Her dignity will not be soiled, if her weapons be keen and her armor polished; on the contrary, where the blows fall heaviest, there the steel flashes highest and most brightly,—where the foe are falling fastest, there the form and mien of the victor are most clearly seen. But, a truce to mataphor.

There are obstacles in our path; what are they? First and foremost, there is our own ignorance, our own indolence, our own apathy. If we move, we must carry a load with us which will well nigh crush us. We need *clarifying*. Our Jonahs must be thrown overboard to the whale, and our good ship will ride in safety in a calmer sea. As for the rest, the pathies, the isms, the popular humbugs of the day, they are the barnacles, the parasites that fasten themselves upon the sides, the stem, the stern of our vessel—some even draw their slimy length upon our

deck—and impede our motion, and eat of our substance. We need *copper-fastening*, and then if the rascals stick to us, as they will, they will get only a poisonous salt for their pains. We said just now, a truce to metaphor, but our pen, (which is a new one and not well broken,) will, to-night, cut strange antics, in spite of us. Hereafter we will try and speak more plainly. We began with Dr. Roberts, and we feel that we are not very far from him now. Our best wishes attend him into a retirement which we know will be any thing but “inglorious ease.” *We shall hear from him again.*

Though only two months old, we hope we may be permitted to extend to Dr. Davis the cordial welcome which has so cheerfully been awarded to us. We have one end, one aim. In the often quoted words of Longfellow:—

“Let us then be up and doing,  
With a heart for any fate—  
Still achieving, still pursuing,—  
Learn to labor and to wait.”

*Enormous Abdominal Tumor.*—A man died recently at Oswego, from whose abdomen was taken, after death, a tumor which weighed 114½ pounds. The patient, a man of rather intemperate habits, received from some cause, a strain about two years since. Soon after, his abdomen began to increase in size, until it measured six feet eleven inches in circumference. It was supposed to be encysted dropsy, but upon examination was found, we should judge by the description, to be of that variety of carcinoma, known as *colloid*.—*Bost. Med. and Surg. Jour.*

*New Doctrine.*—The following conversation actually took place not many weeks since, in this city. It sheds light on a dark subject.

“Dr. — you don’t practice on the old system, I believe.” “No sir. I practice on the new system, sir.” “Well, Dr. —, what is the difference between them, as you understand it.” “Why, sir, the difference is this;—I practice on the doctrine of the *simple fluids*, while the old system goes on the theory of the *compound solids*!” Clear as mud!

*Unparalleled Modesty.*—The American Journal of Homœopathy, in giving notice of the formation of the Michigan Institute of Homœopathy, uses the following language: “It is composed of most of the Physicians of the State. We mean by this, those of the Homœopathic school; *for only such are true physicians!*” —“I am, sir, oracle; when I ope my mouth—let no dog bark!” To those men who exhibit so much of the characteristic modesty of true science, we may say in the language of good old patient Job, “no doubt but ye are the people, and wisdom shall die with you.

*New Mode of Treating Deafness.*—MR. YEARSLEY, an English Surgeon, has lately discovered that in certain cases of deafness, if a bit of cotton wool moistened with water, be pressed down to the bottom of the meatus, the hearing will be vastly improved thereby. He does not pretend to explain the *modus operandi*, but only vouches for the fact. “In every case where this treatment was successful, there was partial or entire loss of the *membrana tympani*, with more or less *otorrhœa*, though it is not a *sine qua non* that the latter symptom should be present. A perfectly dry ear, with perforation of the membrane, may be always considered a highly favorable case for the operation.” The wool should be fine, kept moist, and carefully applied so as not to cover

the whole of the opening in the membrane, else the experiment will not succeed. A more extended account of Mr. Yearsley's operations will be found in the late Nos. of the London Lancet. The discovery is of great importance if true, and its truth can be so easily tested, that its real value will soon be known. Try it.

*Yellow Fever.*—Considerable alarm was excited some weeks since, by the announcement that Yellow Fever of a malignant form existed at and near the quarantine grounds upon Staten Island, near New York city. On the 29th of August, Dr. Whiting, the Health Officer, reported its existence, and the Board of Health and Health Commissioners, immediately ordered all public communication with the infected district to cease. A considerable number of cases have occurred, from sixty to eighty, as near as we can ascertain, and from twelve to twenty deaths, though the character of some of them is doubted.

No cases were reported in the city and the alarm quickly subsided.

Dr. Whiting says, "for the cause of the disease, I think we must look to vessels from N. Orleans, lying at Quarantine, having Yellow Fever on board." This, of course, has opened up the old and apparently ever new, question of the infectious or contagious character of the disease. Some contend very strongly for its local origin, and deny that it is ever communicated from one to another either by contagion or infection. Dr. Whiting and the Committee of the Board of Health, suppose, in this case, that the poison was wafted by the wind from the vessels which were anchored some fourth of a mile from the shore.

We have, at one time and another, read somewhat of the facts and arguments adduced on both sides of this vexed question, by competent personal observers. Those who have had the most constant and extensive opportunities of examining it, are, apparently, quite as likely to differ as those who judge of the disease only from verbal and written descriptions. Whence this discrepancy? It certainly does not arise from want of honesty, or capacity, or opportunity. We are inclined to the opinion that Yellow fever, like some other diseases—Typhoid fever for example—is sometimes, under peculiar circumstances, contagious, but that, as a general rule, it is epidemic or endemic merely. We think that the failure to recognize this double character, so to call it, of some diseases, has been the cause of much confusion and no little controversy. See an article on the Treatment of Yellow Fever under the head of American Intelligence.

*New York Journal of Medicine.*—Prof. CHAS. A. LEE, who conducted the above Journal for several years with signal ability, retired from the editorial chair in May last, and is succeeded by his former assistant, S. S. PURPLE, M. D. Prof. Lee's engagement as a teacher in three medical schools, and as the editor of Copland's Dictionary, would seem to be enough to occupy his whole time, and yet the Journal while under his charge, exhibited neither haste, carelessness nor indolence. The New York Journal originated about six years since, with the late lamented Dr. Sam. Forry, in conjunction with Dr. Lee. In consequence of Dr. L's engagements to the publishers of Copland's Dictionary, Dr. Forry continued in the editorial chair till his death, since which time it has been under the control of Prof. Lee. Few Journals in the country have been conducted more independently or taken higher grounds on all the great questions agitating the minds of the profession. We believe the Journal was among the first, if not the first, to advocate the formation of a National Medical Association; that it was the first, so



far as we know, to advocate the necessity of a law to prevent the importation of adulterated drugs, and to call public attention to the enormity of the evil; and that it has maintained throughout, a calm, dignified, dispassionate tone, highly honorable to the editor and highly useful and satisfactory to its patrons.

Dr. Lee was a colleague of ours last winter, and we know him well. Few men in the profession have been more indefatigable laborers than he. Few teachers are more learned, exact, scientific, practical and profitable. He is a valuable acquisition to any school. We regret his retirement, but we are glad we do not hence lose his acquaintance. He has promised us an occasional contribution for our own Journal, and we shall welcome him to our pages right heartily.

The July No. which has just come to hand, is filled with the usual interesting variety, and the new editor will undoubtedly "act well his part." We have not the pleasure of a personal acquaintance with Dr. Purple, but if he succeeds in rendering each successive number equal to the last, the high reputation of the Journal will not suffer at his hands. We wish him abundant success.

Prof. LEE desires us to say that in consequence of his absence from New York last summer, many letters from Western correspondents have not been answered. All relating to the Journal were passed over to the publishers, Dr. L. having no connection with the business of publication.

**CHOLERA.**—The cholera seems to be steadily advancing westward. It has prevailed quite severely at Berlin, and is reported to have reached Paris; indeed the last accounts speak of it as being in London. It varies very much in severity in different localities, as it did on its former visit. A letter from Hamburg, where it has prevailed to some extent, states that it sounds much worse in the newspapers than it is in reality, and that with proper care, and an early application of remedies, there is little danger.

We will endeavor to gather up what we can on the treatment of the disease, in season for our next number.

**CHINOIDINE, OR QUINOIDINE.**—DR. J. S. UNZICKER, in the last number of the Western Lancet, recommends this substance very highly as a substitute for Quinine. It has been extensively used in Germany, but up to this time, but little in this country. It is separated from the mother liquor of sulph. quin., and resembles it closely in its chemical composition; indeed, according to Liebig, it is identical with it, differing only in form, it being amorphous instead of chrySTALLINE. Dr. U. says he has used it for the last three years more extensively than quinine, and, on an average with better success, especially in cases of long standing.—He has succeeded with it when quinine failed. His mode of administration is thus:

R	Chinoidine,	grxij.
	Rad. Ipecac.	grj.
	Morph. Acet.	gr 4

Mix.

Make into six pills, to be given in two doses, two hours previous to the chills. It is of great importance to have it pure. Its price is only about 40 cents an ounce.

**WONDERFUL EFFECTS OF "CALCAREA CARBONICA," HOMOEOPATHICALLY USED.**—"A young lad, aged fifteen, extremely psoric, had remained exceedingly small and thin; his limbs were very slight, and his head too

large for the rest of his body. He suffered from violent headaches when making any mental exertion; in his childhood he had suffered from feebleness of the limbs; he was very timid, especially at night; he could not bear to be left alone in the dark. Two doses of *Calcarea*, at *forty-five day's interval*, after one dose of *Sulphur*, brought about such a favorable change in his constitution, that, in *six months*, his height, which had hitherto increased only from six to eight lines per annum, gained *four inches*; his limbs, the hands and feet in particular, had become large and strong, like those of a young man who would grow to the ordinary height."

A smart boy that, and up to—*chalk*! Only think of it. The next case by the same writer, is one of *cyanosis* in a girl seven years old, who "presented all the appearance of abnormal permeability of the ductus arteriosus." \* \* "*A globule of the 30th dilution of calcarea, effected a radical cure in six weeks, probably by restoring the abnormal part to its proper state!*" Think of it again. Infinitely less than the ten thousand millionth part of the duodecillionth of a grain of chalk, will make a boy grow four inches in six months, or close up an open ductus arteriosus in six weeks!! The good book asks us in a very positive way "who by taking thought, can add one cubit to his stature?" Answer. We can't by taking *thought*, but we can by taking *chalk and brimstone*!

Reader of ours, do not imagine that we have taken the above cases from the renowned works of the famous Baron Munchausen, or the true histories of Lemuel Gulliver, Esq.; they are truly quoted from an address by the learned Dr. Croserio, before the Societe Hahnemannienne, in the Sept. No. of the American Journal of Homœopathy published in N. York City. The same astute philosopher, in closing his address, gives a last advice, (we should suppose he couldn't long survive it!) "to exercise prudence in its administration," for, says he, "this remedy (*calcarea carbonica*), is one of the most energetic, and in spite of its peculiar adaptation to infantile diseases, we should be very circumspect in our doses, especially at that period of life and in old age, for even at the end of *six weeks* it often produces very violent primitive symptoms, which might be attended with danger, if the doses given were too strong." Further on he says, "with respect to the duration of the action of *calcarea*, it is very long. When it is *very homœopathic* we may look for salutary effects for *six weeks and longer!*"

Gentle reader, if you have rickets, scrofula, lupus, neuralgia, chorea, headache, cyanosis, "big head" or any other of the numerous affections for which *calcarea* is homœopathically administered, take a globule of the 30th dilution, and if six weeks afterward, you have a troublesome borborygmus, a twinge of the toothache, or a "crick in the back," go and make your 'davit that the chalk did it, and you will contribute to that great mass of evidence upon which homœopathy, as a system, is built — For ourselves, we can't understand how any man in his senses can swallow and believe such nonsense. It strikes us, that some, at least, of the converts to and advocates of, this system of moonshine would be much benefitted by some "very homœopathic" article, which would produce what an old quack in Springfield declares he can cure—"information on the brain!"

#### SUBSTITUTE FOR GRANVILLE'S LOTION.

R	Strongest preparation of Aq. ammonia	4 oz.
	Spts. of Rosemary	2 dr.
	" Camphor	1 dr.

Mix.

Saturate a piece of cotton or lint, and apply immediately with the hand pressed on it until slight vesication is produced.—*South West. Med. Advocate.*

BARON BERZELIUS, the distinguished Swedish chemist, philosopher, and physician, is dead. He died in Stockholm on the 7th of August, inst., at the age of 69. He was one of the most original, laborious, accurate, and influential among the illustrious men who have adorned and enriched the annals of science.

TREATMENT OF PERIODIC FEVERS.—No subject can more deeply interest our readers than the treatment of the different forms of fever. A considerable change has been going on in the practice of Western physicians in this class of diseases, within the last few years. This is owing very much to the new light that has been thrown upon the therapeutic action of certain remedies, especially quinine, by the results of our practice. Our physicians are, many of them, thrown into the most favorable circumstances for bold and decided experiments. Strong men, in apparent health, are struck down almost in an instant, and without aid may die in a few hours. Reaction must be induced, or a remission established at all hazards, or all is lost. If this is done, a return of the paroxysm must be prevented, or death may be the result. *An effect must be produced*, and the nature and extent of this effect alone, regulate the force and application of the causes or remedies resorted to. The *expectant* treatment must have no place in the management of the most severe of our western fevers, however it may do in other regions. In a vast many cases, treatment alone saves life, and this is rendered perfectly obvious, even to the most captious observer.

The cold douche; the wet sheet in some instances; the hot water, hot air and vapor baths; sinapisms without stint or measure; frictions with turpentine, Granville's lotion, &c.; the flame and blowpipe; alcohol, ammonia, camphor, cups and the lancet, all have place more or less, in the treatment of the paroxysm; while in the remission, the two great remedies, and given with no sparing hand, are quinine and opium.—Other articles, as ammonia, piperine, capsicum, camphor &c., are often used, but these are the "sheet anchors." From ten to thirty grains of quinine, with half a grain of the sulph. or acet. of morphine, and perhaps five grains of camphor, are no uncommon dose, and administered too, in the very apparent condition in which the closet practitioners tell us it will not do. What is the result? I speak now only of those terrible congestive forms of fever which most of us sometimes encounter.—The patient who, to-day, seems in the very "article of death," shall in forty-eight hours, perhaps, be up attending to his ordinary duties—a restored man. Where such results so uniformly follow a bold and decided practice, and none other, our practical men cannot stop to inquire whether Dr. A. or B. or C. has taught or approved such practice, but they can and do point to hundreds of lives saved, that else would have been lost, and there is their excuse and their justification.

These remarks have, almost involuntarily flowed from our pen, in consequence of having our attention called to a paper, read some months ago, before the Rockland Co. Med. Society, by DR. A. G. HENRY, of Pekin, Ill., in the Ill. and Ind Med. and Surg. Journal. Though we cannot entirely subscribe to all of Dr. Henry's pathological views, especially Cullen's exploded "spasm" doctrine, we like much his spirit and independence. However the practice he recommends may succeed in oth-



er hands—and we would be glad to know more of it—his own success gives him abundant reason to be more than satisfied with it. The principal peculiarity in his treatment, and for which he claims, and, as far as we know, deserves the credit of originality, consists in his giving *opium* in full sedative doses of from *four to six grains*, usually combined with quinine. We know very well, that almost every practitioner is in the habit of using some form of *opium* in periodic fevers, but we know of no one, before Dr. Henry, who used it habitually in such large doses.

To give a clearer idea of his method of procedure, we select one of the most marked of the cases given, in the address referred to.

“Some three weeks since I was called to see Mrs. S——. She had been taken the evening before with what she supposed to be a simple chill and fever. The chill had lasted some six or eight hours, accompanied, as she expressed it, “with a burning fever, and a feeling of freezing all the time,” with the sensation of a loaded wagon running over her breast. She was lying in bed comparatively comfortable, and free from fever as she supposed, but expressed herself as alarmed for the consequence of the next chill, which she was expecting in the course of two hours. On feeling her pulse I readily detected that peculiar, but indescribable pulse, always found during the intermission in this form of disease. She said she felt tired, and when she attempted to sit up, she became sick at the stomach. I was satisfied from her general appearance that the next paroxysm would prove fatal, unless prevented or greatly mitigated, and there was no time to be lost. Accordingly, I administered in a little coffee, five grains of quinine with five of *opium*, and left five more of quinine with two of *opium*, to be given in six hours, directing her to drink hot tea freely until she got into a free perspiration; but before leaving the house she complained of feeling cold, and commenced breathing quick and laboriously. On going to the bed-side, I found her hands cold; pulse small and rapid. The powder had only been swallowed some fifteen minutes, not long enough to produce any sensible effect upon the system, still I had every confidence that it would act in time to moderate the paroxysm. I applied a strong mustard poultice to the stomach, which acted promptly, when the breathing improved, but by this time the powder began to act. The pulse became slower and more distinct, drops of perspiration showed themselves upon the forehead, and in one hour from the time the dose was administered, she was perspiring freely, and said she felt better than she had for two days before; and being satisfied that she was safe, I retired for the night, repeating the direction to have the second powder given at the end of the six hours. The next morning I found her entirely comfortable—had not slept much during the night, but felt disposed to sleep then. I directed a dose of oil, which operated in two hours very freely, when I repeated the quinine in five grain doses without the *opium*, and left my patient convalescent. The next day she was up doing her work. I am convinced that if the dose had been delayed one hour longer in this case, the paroxysm would have proved fatal, for I am satisfied from experience, that but little can be effected by way of mitigating the paroxysm after it is once fully formed, by internal remedies.”

In the June No. of the *Western Lancet* there is also an article “on the abuse of purgative medicines in Typhoid Fever,” by Dr. T. M. TWEEB, of North Liberty, Ohio, which contains many valuable suggestions. The great practical difficulty, which meets us at every turn, in the treatment of certain forms and stages of fever, so far as medical histories are concerned, is the great confusion in which the whole subject of the pathol-

ogy of fever is even yet involved. Dr. Tweed withholds the use of purgatives, and gives, often, ten grain doses of quinine with one-third of a grain of morphine every hour, and with the happiest effects, in what he calls "Typhoid Fever." Were the cases he describes so graphically, cases of genuine typhoid fever from the commencement, or did they belong to the great family of periodic fevers? If they were genuine cases, would a similar treatment be borne elsewhere, or in those regions where our periodical fevers are unknown? How far are continued fevers modified in their course, character, and amenability to certain modes of treatment, by the periodic influences which may be supposed to surround them in a malarial region? These are very interesting questions, and, some of them, in the present state of our knowledge, far more easily asked than answered. No more profitable subject of investigation need be desired, than what is involved in these queries.

Our limits forbid an analysis of the paper of Dr. Tweed. As we have the promise of an occasional communication from him, we should be glad to learn more of his experience in the form of fever referred to.

**ANOTHER DONATION.**—LYNE STARLING, Esq., has recently added \$5000 to the previous \$30,000, given to the Starling Medical College, making in all, \$35,000, to enable the Trustees to erect a college and Hospital after the plan submitted by R. A. Sheldon, Esq., Architect, of New York city. The work upon the foundation will soon be commenced, and the building will be, when finished, the most complete, in all its parts and accommodations, of any which we have ever seen. It will consist of a centre and two wings, the whole 135 feet in length, and the centre 68 feet front by 100 feet deep. There will be three lecture rooms capable of seating about 400 persons each, and ample hospital room for from thirty to fifty beds. The whole will be heated by furnaces, and amply supplied with water. The building is to be irregular in its plan, securing abundant light and ventilation, and will be, when completed, an ornament to the city and state.

**CONVENTION OF WESTERN MEDICAL SCHOOLS.**—We believe that the Medical Schools of the West are entirely willing to enter into the great progressive movement which is visible in our profession, and that only a mutual understanding is necessary to induce them to conform heartily to the measures proposed by the National Medical Association. That association hereafter, is to be the great exponent of medical public opinion, and will be as powerful as though it could wield the strong arm of the law. This is right. We rejoice to see our hitherto discordant elements combining and assuming a definite form and proportion. The schools cannot long resist the influence of this public opinion if they would, and ought not, if they could. It is very desirable for the good of all, that there should be, as far as possible, an uniformity of action among the schools. One waits for another, and few will act if all do not.

We therefore formally propose, on behalf of the Faculty of the Starling Medical College, that the Medical Colleges in western New York, Ohio, Indiana, Illinois, Iowa, Missouri, Michigan and Kentucky, do send delegates to a Convention to be held in the City of Cincinnati on the last Tuesday in April next, or elsewhere, and at a different time as may be deemed expedient.

We make this proposition from a desire to take a step in advance of our present position; and we know that other western schools sympathise with us. We shall hope to hear discussed, if the Convention meets,

among others, the following subjects;—the propriety of extending the Lecture term uniformly to five months—qualifications, both preliminary and professional for a degree—and the general subject of Lecture fees.

Let the schools, in good faith unite upon a "platform," and they will all flourish equally well, and advance more rapidly, the true interests of the profession and the public.

What say you, Buffalo, Cleveland, Cincinnati, St. Louis, Chicago, Louisville, and the rest;—shall the Convention be held? Shall all the schools, amounting in all, we believe, to twelve, more or less, be represented? If the proposition meets your approval, will you take some means speedily to let it be known. We stand ready to do all we can, in any way, to forward this important measure.

**ANÆSTHETIC AGENTS.—Chloroform.**—The Journals, especially the foreign ones, continue to give a prominent place to the various experiments with, and accidents from Chloroform and other anæsthetic agents.—There is a reaction going on against the use of these agents which, we are confident, will be productive of good. It cannot be that articles so powerful can be used on every trivial occasion, and without discrimination, without occasionally producing the most disastrous results. If only one case in a thousand or even in ten thousand, of artificial anæsthesia, proves fatal, it should make us extremely cautious in our administration of the substances that produce it. We have been, for some time, among those who believe that neither ether nor chloroform should be used, unless in cases involving an operation or condition which may endanger life, and then with great caution. This, we opine, will ere long be the almost universal belief and practice of the profession. It may be that we are too fearful; we hope we are. If used only in the limited number of cases included in the above restriction, their discovery must still be regarded as one of the greatest and happiest events of modern times.

The editor of the Am. Jour. of Medical Sciences has collected in his October No., most of the articles and facts which have been published during the preceding three months. No less than six cases of death are reported, besides one of fatal hemorrhage from the lungs, resulting from the inhalation of chloroform. In four of the cases, the death was almost instantaneous; in one, the patient, a man, lingered in convulsions for forty-eight hours, and in the other the circumstances of death are not stated. The details of two examinations *post mortem* are given, one by M. GORRE, Surgeon-in-chief to the Hospital of Boulogne, and in the other, Mr. Badger, a Solicitor of Rotherham, Yorkshire, was the sufferer.—In M. Gorre's case the most remarkable appearance was that of bubbles of air in the veins, wherever divided. The heart is described as "excessively flaccid, of the usual size, right and left cavities absolutely empty." The blood "*was literally as black as ink.*"

In his remarks upon this case, M. Gorre uses the following language. "Chloroform in certain kinds of constitution, *which it is absolutely impossible for the man of science to recognize*, may cause death with a lightning-like rapidity. Even in experienced hands, there is no certain safeguard against the unfortunate consequences of this agent, which only too well justify the words applied by M. Flourens to chloroform, "*a marvellous and terrible agent.*"

Mr Badger applied to Mr. Robinson, a distinguished dentist in London, to have some teeth extracted. Mr. R. stated in his evidence that he had administered anæsthetic agents at least three thousand times. A drachm and a half of chloroform was put on a sponge which was not



held close to the mouth or face. After inhaling about a minute, the patient requested that it should be made stronger. Before this could be done, his head and hands dropped—he was dead. Mr. Badger was a stout muscular man, and there was no reason to suppose that he was suffering under any organic disease.

The lungs were healthy and crepitant, but short and small. The heart was paler than usual, flaccid, not enlarged—the left ventricle interspersed with fatty degeneration. The liver weighed *eight pounds*. There were dark grumous clots of blood in both ventricles. Although there was organic disease in this case, yet the patient was described as a healthy muscular young man, “who had suffered from no difficulty of breathing, or any other apparent disease.”

In numerous cases referred to, the effects of inhalation were very unpleasant without being fatal. These should be borne in mind by way of caution. One case of Tetanus successfully treated by chloroform is quoted from the London Lancet, and the same article has recently been used, but unsuccessfully in hydrophobia.

The principal novelty connected with anæsthetic agents, is the experiments of Mr. Nunnely and Prof. Simpson, to produce partial or local loss of sensation. By applying chloroform either in vapour or substance, to the finger or hand, for example, a burning, stinging sensation is soon produced, and the part becomes somewhat benumbed. We cannot detail the experiments. It is sufficient to say, that while they were perfectly successful upon *frogs*, they were far from being so upon the human subject. Dr. Arnott, of Brighton, recommends *cold* as a means of producing local anæsthesia. He says that “a temperature ranging between 5 and 20 degs., Fahr. (which can easily be procured by the common frigorific mixture of ice and salt) will produce complete anæsthesia of the skin in two or three minutes.” It is necessary to examine the skin from time to time, and to stop short of actual congelation. These experiments, while they may disappoint the high-raised expectations of some, will no doubt lead to useful results. We shall endeavor to keep up with the progress of medical opinion on this subject.

TWO NEW MEDICAL SCHOOLS in the west go into operation this fall, one at Rock Island, Illinois, and the other at Iowa city, Iowa. We understand that Dr. S. G. ARMOR, now of Millersburg, Ohio, has accepted a chair in the former. A vast population will very soon fill the region which these schools are to supply, and if they are conducted on high and honorable principles, they will doubtless succeed. Our New England brethren especially, are frequently referring to the multiplication of Medical Schools in the west. They either forget, or do not know the fact, that in proportion to the extent of country and population, Medical Schools are nearly, if not quite, twice as numerous in New England as in any other section of the union.

ADVANTAGE OF RAILROADS AND THE TELEGRAPH.—PROFESSOR EVE, editor of the Southern Med. and Surg. Journal, recently made a journey of 542 miles, performed an operation, (remaining 12 hours with the patient,) lost comparatively no sleep, and was absent from home only 51 hours—two days and three hours. The arrangements were made by the telegraph, and the traveling done by rail-way.

OUR JOURNAL.—We are happy to announce that, even before the issue of the second No. of our Journal our subscription list has increased so much beyond our expectations as to place it upon a firm basis. Its success, if it shall so meet the expectations of the profession as to continue to receive their patronage, is no longer a matter of doubt. In addition to subscriptions, we have received many cheering letters from friends whose good opinion we highly value. Our labors thus far, have been received, both by the profession and the medical press, with more of favor than we dared to hope for. We, in this manner, return our sincere thanks to all our cotemporaries who have so kindly noticed us, and pledge ourselves anew, to the extent of our ability, to approve ourselves worthy of the high companionship into which we have been received.

We shall be very happy to receive communications upon professional subjects from physicians in all parts of the state. These papers should be as brief as is consistent with the subject discussed.

DR. E. C. BIDWELL's paper on the Hydrencephaloid disease was not received until Oct. 28th, after nearly all of the present number was in type. It will appear in the next number.

STARLING MEDICAL COLLEGE.—The Introductory Lecture to the session was delivered this afternoon, (Nov. 1st,) in the First Presbyterian Church, by PROFESSOR MERRICK. There must have been, at least, one hundred and thirty students present. The lecture was of a high order, and admirably adapted to direct and encourage the student in the philosophical search after truth. We hope we shall be able to give it a more extended notice in our next.

The Winter session of lectures commenced to-day in all the Ohio, and perhaps in the majority of Medical Schools in the Union.

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#### OBITUARY.

DIED in this City, on the 11th of October, DR. P. Sisson, aged 57. Dr. Sisson was for a period of about thirty years, a practitioner of medicine in Columbus, and was a laborious, respectable, and honorable physician. His body was followed to the grave by the profession of Columbus, with the class of Medical Students in the Starling Medical College, then present, numbering about sixty, by the Masons, of which order he was a member, and by a large number of citizens.

In Circleville, Ohio, Oct. 21st, MARCUS BROWN, M. D., son of Dr. M. Brown, aged 23 years. The deceased graduated at Philadelphia, about two years since, and had just entered upon a professional career which promised great usefulness. We have often heard him spoken of in very high terms, and record his early death with much regret.

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# THE OHIO MEDICAL & SURGICAL JOURNAL.

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## PART FIRST.

### ORIGINAL COMMUNICATIONS.

ART. I.—*The Hydrencephaloid Disease.* By E. C. BIDWELL, M. D.,  
Coshocton Co., Ohio.

THERE is a disease, or morbid state, which I am persuaded, does not receive the attention from the medical profession in this country, which its frequency and importance demand.— Few American authors have noticed it at all, and none that I know of, have given it the detailed description and prominence necessary to bring it fully before the minds of the profession at large. I refer to the collection of symptoms simulating those of hydrocephalus, recognized and described as a distinct disease, originally by Dr. Marshall Hall and Dr. Gooch, nearly simultaneously, and by other English physicians after them. It was the former who gave it the name at the head of this article. Drs. Elliotson and Watson, both of whom have given lucid descriptions of the disorder, call it *spurious hydrocephalus*. It is the disease, doubtless, referred to by the older authors as *secondary* or *symptomatic* hydrocephalus, supervening upon some other affection—fever, cholera infantum, or inflammation of a remote organ. Many, perhaps most, that have written upon hydrocephalus, have alluded to the same thing in one way or another, but evidently with quite erroneous views of its pathology, since, not satisfied of the presence of inflammation within the head, they attributed the “hydrencephaloid” symptoms to venous congestion. In practice they found these cases benefitted by opiates and stimulants, and therein a complete refutation of their theory; for opium must infallibly increase cerebral congestion, if it were present. But instead of reading the lesson right, and deducing a rational plan of treatment from it, they followed experience in part, and a false hypothesis in part, and so premised the medicine

with "due depletion"—a most pernicious practice, and a fine illustration of the baneful influence of a defective theory on practice.

The disorder seldom occurs, I believe, except as a sequel of some debilitating disease, or debilitating treatment. It is especially apt to supervene upon infantile remittent fever too actively treated, and upon abdominal irritation and diarrhœa, too long neglected, both of which are extremely common occurrences. I have seen it after what I supposed to have been simple acute meningitis. The case was considered by the medical attendant and the parents, to be one of true hydrocephalus—now more accurately designated by the term tubercular meningitis—in the stage of effusion. This is a frequent error in diagnosis, and these are just the cases in which, from the well known fatal tendency of the *supposed* disease, the physician who makes a correct diagnosis, and adapts his treatment accordingly, may often save a life already considered past hope, and win for himself the profound gratitude of the sufferer's friends, and an enviable reputation for professional skill.

Dr. M. Hall alone, of all the authors I have consulted with regard to this state, describes it as an idiopathic disease, without previous illness; but in those cases of his, in which there had not been other previous disease, there *had been exhaustion*. The symptoms of the first stage, according to his description, are irritability, restlessness, fever, the face flushed, the surface hot, the pulse frequent; an undue sensitiveness of the nerves of feeling, and of special sensation; sighing and moaning during sleep, and screaming; flatulency and mucous evacuations. With the disease in this stage I have had no experience.

The phenomena which characterize the subsequent stages, and which serve to distinguish the disease, when developed, from all others, as described by various authors, and according to my own observation, are altogether such as indicate torpor of the nervous system, and great depression of the powers of life. The child lies languid and indifferent, or, it may be, in deep stupor; complaining of no pain, and, for the most part, expressing no want. The face is pale and cold, though at times a transient flush passes over it; the extremities cold, the eyes dim, pupils dilated, strabismus, subsultus tendinum, partial or complete paralysis or convulsions; the pulse meantime becomes small, rapid and very feeble; finally complete coma fatally "anæstheticizes" the little sufferer, and the scene closes in slow-coming, but pangless death.

It is to be distinguished from the corresponding stage of *hydrocephalus acutus*—the only disease with which it is liable to

be confounded—by the paleness of the countenance, absence of heat in the head, as well as of the general surface, and depression of the surface of the unclosed fontanelle; in short all the symptoms denoting congestion or “active determination” to the head are wanting; while in genuine hydrocephalus, the face is flushed, the head hot, the fontanelle tense and prominent, the veins distended and the carotids throbbing. Much aid in diagnosis, if it be at all obscure, may be derived from the history of the case—previous symptoms and treatment—and, as evincive of these, the present condition of the tongue, mouth, fauces, urine, &c.

Another means of diagnosis is the effect of remedies, particularly stimulants, carefully observed on cautious trial. This would be conclusive, I imagine, but we cannot well afford, sometimes, either the time occupied or the risk adventured by a trial. It is better to be pretty certain of the nature of the case before we administer. Most likely we may predict the effect of those remedies, and determine the nature of the case, as Dr. Stokes has shown us we may in fever, by auscultation of the heart. I cannot say that I have ever tried it; but it must be that in this disease, as in others attended with great prostration, the first sound of the heart is much diminished; and wherever we find it so diminished, we may be sure that real debility is present, the result of exhaustion, and the proper course of treatment, if not the entire pathology, is made clear.

The causes of this affection, as already intimated, are those of exhaustion. Diseases in which the abdominal viscera are much implicated, and which exhaust by colliquative discharges, or by long-continued irritation, are undoubtedly the most frequent causes; but we should leave the catalogue incomplete did we omit to mention the too active treatment to which those diseases are often subjected. Depletion—young children do not bear well the loss of much blood—cathartics to excess, and mercurials, I know, in this country, where very active treatment is fashionable with the profession, and expected by its patrons, are often productive of much harm, and even of fatal results in the form now under consideration.\*

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\*Since writing the above I have been called in consultation, to a case of just this character. A very interesting and precocious child eighteen months old, previously well but delicate, had a bad diarrhoea more than a week before any symptoms whatever of head affection appeared. As soon as they were discovered it was pronounced “arachnitis,” and for several days the child was assiduously drugged with mercury in various forms and combinations, active cathartics, &c., notwithstanding which it grew constantly worse. When I saw it, though “given up” by the doctor, it was still taking all these and more, and lay insensible, scarcely capable of being roused at all, one eye half-open from paralysis of the lid, both pupils dilated; face and head pale and cold, with momentary flushes; the fontanelle depressed, the pulse feeble and frequent, the mouth very sore, the stools represented as nearly natural in appearance, the urine copious. The attending physician adopted my recommendation so far as to employ stimulants, and omit the calomel; but he would



The pathology of this interesting affection and its relation to hydrocephalus, may perhaps be best illustrated by reference to analagous affections in the adult, which have been longer recognized, and better understood. Cerebral symptoms from exhaustion are more common in children, for the same reason that the diseases they simulate are more frequent in the earlier periods of life, namely, the comparative preponderance of the cerebral organization, the greater functional activity, and greater impressibility of the nervous system. But instances are not unfrequent of symptoms occurring in adult persons, closely resembling those of hyperæmic and inflammatory diseases of the encephalon, in a directly opposite state of the system from that in which those diseases occur. Anæmia, chlorosis, prolonged lactation, hemorrhage and other discharges, profuse or long continued fatigue of body or mind, great anxiety, shock, are instances in which these symptoms are more or less frequently observed. Serous apoplexy—formerly so called—concussion of the brain and delirium tremens are essentially affections of this kind. By the observation of such cases we learn that a deficiency of the supply of blood to the brain, or a depravation of its quality, may embarrass or interrupt the functions of that organ, not only as effectually as an over supply of that fluid—vascular fullness—but similarly; so similar indeed are the phenomena of the disturbed organ itself, that the diagnosis can only be made by comparison of the symptoms observed in other organs and functions, and by the effects of remedies. Some causes, however, seem to act directly on the brain or nervous system. Sudden and violent mental emotion, or a blow on the epigastrium, cannot be supposed to produce the immediate prostration &c. that follows them, through the medium of the circulatory system. Physicians of the present day understand very well the difference of pathology and treatment in these correlated diseases of adults; a like perception of precisely the same difference between the true and the spurious hydrocephalus, is not more difficult, when the principle is understood, and not less essential to successful treatment.

The prognosis is altogether more favorable than in true dropsy of the brain. If all debilitating causes are removed, and the strength supported, recovery may be confidently expected even in advanced stages of the malady.

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listen to no arguments in favor of opium, and persisted in the use of syrup of rhubarb. I left the patient with the full conviction that it would be purged out of its only remaining chance for recovery.

Some remarks in point on the agency and *modus operandi* of certain causes in the production of this disease, may be found in Dr. Beck's article on Blood-letting in the young subject, published in the first number of the *Journal*.

The treatment is such as is naturally suggested by a knowledge of its true pathology. More important than anything else, I conceive, is concentrated and digestible nutriment. I know nothing that answers the intention better than the "essence of beef." Diffusible stimulants, carb. ammon., wine, wine-whey, &c., are indicated; also opiates for their stimulant and antispasmodic effect, and for precisely the reason for which they are contraindicated in the disease of which this is the mimic—their tendency to increase the quantity of the circulating fluid in the head. Other remedies recommended, are, cold effusion—the sudden and momentary application of cold water to the head to produce reaction—warm bath, sinapisms to the extremities, and electro-magnetism, found so effectual in the kindred case of narcotic poisoning. Of course, further depletion, catharsis and indeed all debilitating treatment, are full of danger, and to be scrupulously avoided.

The iodide of potassium, in very large doses—half a drachm or a drachm in twenty-four hours—is reported to have cured several desperate cases of hydrocephalus, in the last stage, some of which would seem, from the account given of the symptoms, to have been cases of this disease, rather than of the other. Some such cases are now before me, in which from the scanty enumeration of symptoms, I cannot satisfy myself of the nature of the disease. No symptom is mentioned which might not exist in the hydrencephaloid—none which might not arise from exhaustion; and the condition of those parts by which the diagnosis is to be made, is not noted, *viz.* the color and temperature of the face, head, and general surface; prominence or depression of the fontanelle; quality of the pulse; sounds of the heart, &c. I notice in these cases that the amendment is not so speedy as to prove, without question, that it was due to the remedy employed. In one, for example, "symptoms of effusion" appeared after infantile remittent had continued ten or twelve days. This had been "appropriately," that is, *actively* treated, by leeches, calomel &c. All other treatment was suspended, and the iodide of potassium given in doses of three or four grains every two hours, in solution. No improvement was perceptible till the third day of treatment, after which convalescence proceeded steadily, but slowly, and at the end of three weeks from the commencement of this treatment, the child was "doing well," and "complete recovery confidently expected."

But supposing it to be as efficacious as represented, those who give reports of their trials do not explain its *modus operandi*. The presumption is that it causes the absorption of effused fluid; but of this there is no proof. May not an expla-

nation be made reconciling its presumed beneficial effects with the pathology of hydrencephaloid—exhaustion—as satisfactorily as with that of hydrocephalus—effusion? Dr. Stevens, and others who have made observations on the state of the blood in fevers, found it, in their advanced or typhoid stage—that of exhaustion and debility—greatly impoverished; it had undergone several important changes, and among these, was a remarkable diminution of its saline constituents. Deducing a rational practice from this observation, he—Dr. Stevens—administered neutral salts—the chlorate and nitrate of potass., muriate of soda &c.—in very large doses, and reports the very happiest results, even in the last stage of typhoid fevers, when mercury was no longer admissible, but both it and almost every other remedy were found injurious. May not the iodide of potassium operate in the same way to remedy a similar condition of the blood? And would not the other salines be found equally efficacious?

I conclude by inviting the attention of the profession to a more critical investigation and accurate observation of this form of cerebral disorder; hoping that the result will be a more complete understanding of the whole subject of the two affections, so similar in some of their prominent phenomena, a less empirical treatment, and a reconciliation of the discrepancy in the views, or at least, the statistics of authors.

ART. II.—*Case of Spasms and partial trismus, from the prick of a needle under the thumb nail.*—From the Note Book of S. P. HILDRETH, M. D., Marietta, Ohio.

MRS. H. B., of Marietta, aged 24 years, of a very nervous temperament, while sewing on the 15th Sept. 1824, pricked her left thumb, with the needle, under the nail. Little notice was taken of so trifling an injury, until the 17th, when it became tender and painful, but without any marks of inflammation. The pain now began to ascend the arm along the course of the veins, and was so severe as to become alarming. I was called on for advice, and directed the part affected to be bathed with warm spirits of turpentine and laudanum—while she was to take inwardly, vitriolic ether and laudanum sufficient to allay the pain. By night, a few hours after my first visit, the pain had increased, and began to affect the muscles of the face and neck on the wounded side, to such a degree as to cause serious fears of trismus or lock-jaw. The doses of laudanum and ether were increased to the extent of 120 drops every hour, while a liniment of ol. succinum, and olive oil and



laudanum was rubbed hot on the arm and neck, with a thick covering of warm flannel, as cold seemed to increase the pain very much. On the 18th a blistering plaister was applied round the thumb, with the expectation of relieving the irritation in the wounded nerve, by a new action excited in the neighborhood. This, with the assistance of the warm bath, had a very beneficial effect in allaying the pain and spasmodic tendency of the disease. By continuing the laudanum in large doses, sometimes to half an ounce, the pain in the course of a week was so far subdued, as only to be troublesome occasionally.

The disease now put on more the form of hysteria; attended at times with delirium and fits of sobbing. For this a moderate venesection was prescribed, with manifest advantage. She was also put on a course of carb. of iron, with the intention of strengthening the nervous system, as well as the general health, which had become considerably impaired. By the first of November the pain had much abated, and the symptoms left her, but the whole arm had become so irritable, that the least exposure to cold was painful. To overcome this sickly irritability, a cold shower bath was directed every morning, or even at night, if much painful, and with decided benefit; the arm remaining easy and comfortable for hours after the application of the water. About the middle of the month electricity was tried, by gentle shocks to the hand and arm, but with no very decided benefit. Near this time she became pregnant, which probably occasioned several severe fits of hysteria. In December a painful affection and inflammation of the face and jaws came on, which ended in suppuration, and was discharged from the gum of the left side. This, with the change in the system consequent on pregnancy, relieved the train of spasmodic symptoms, which had so long pursued her.

From this period she continued in comfortable health till June following, when she was attacked with pain in the left side, attended with nervous irritation. For this a moderate bleeding was directed, followed with nervine medicines. About the middle of July she was delivered of a dead child, her first accouchement. The fatigue of the labor, and depression of mind from the loss of the infant, was followed by hoarseness, attended with severe pain in the breast, difficulty of breathing, and a cough which sounded like the barking of a small dog, of a highly croupy character, without expectoration. This attack began the second night after her confinement. To relieve these alarming symptoms, two or three bleedings were required, and as the blood was highly inflammatory, they were

pretty free; a blister was applied to the breast; febrifuge and expectorating medicines, with mucilaginous drinks were given, accompanied with spare diet of rice-water. This course afforded relief in two or three days; it also checked the flow of milk so much that a small puppy kept her breasts free and soft. When she had recovered from this attack there soon after commenced a severe pain in the back part of the head; it was of a neuralgic character, and so acute as to require large doses of opium to afford any relief. This remedy was used so often, and so regularly, that the worst consequences were feared from its continuance. Thinking it might arise from debility, as the fits of pain were periodical, large doses of sul. quinine were given a few hours previous to the accession. It had a fine effect for a few days, in preventing the return of the paroxysms; but in the course of a week it lost its influence over the complaint. Riding in a carriage was now tried with the happiest effect; the pain left her after travelling a few miles, and by continuing it some days, accompanied by a change in her place of residence, the pain in the occipital region left her, and did not again return. Through August and September her health improved, but at the commencement of cold weather—the last of October—the pain returned; but was now seated in the sternum, apparently directly under the bone, or in the mediastinum behind it. It was attended with little or no fever, but considerable rigors—was acute, and felt like something gnawing the flesh. A large blister relieved it in a few days, but after a week or two the same pain attacked the right side, about midway between the scrobiculus cordis and spine. It was severe, and accompanied with so much swelling of the affected part, that she feared the formation of an abscess. I did not see her until two or three days after the attack; a neighboring physician visited her, and calling the disease a pleurisy, bled and blistered her. The blood which I saw had no inflammatory appearance; tongue not coated, heat and thirst both absent. The diagnosis was that the pain arose from the same cause as that formerly in the head and breast; nervous irritation, probably the effects of the action excited in the system from the prick of the needle, and now wandering from place to place like rheumatism. With this view I gave a decoction of valerian and eupatorium perfol. producing free perspiration, with occasional doses of the comp. tinct. of bals. tolu. A seton, or issue was made in the side over the seat of the pain, with directions to make it discharge freely. The intention of the issue was to divert irritation from that spot and prevent the fixing of disease on a vital part, by the continued action of pain, her lungs having been feeble for some months,

with inclination to hoarseness. The pain left her as soon as a free discharge was established; and by the use of tonic remedies her health was greatly improved. The lady lived several years after this, but finally died of consumption.

The main object in the above case, is to show from how trifling a source nervous irritation may be excited in certain female temperaments, and under what various forms and protean shapes it exercises and tries the discrimination and diagnostic powers of the physician.

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ART. III.—*A Few Observations on Wounds of the Lungs, with Cases Illustrative, &c.* By PHILIP HARVEY, M. D., *Cincinnati*.

WOUNDS of the lungs are always alarming; yet unless large vessels are injured, occasioning fatal hemorrhage, they are very frequently within the reach of surgical aid. The following cases may perhaps throw some light on the nature and treatment of these accidents.

Samuel Cooper remarks, "though so much has been written on the subject of discharging blood from the chest in cases of extravasation within that cavity, the operation is very rare. During the last twenty-four years, I have never heard of its being done by any of the London surgeons. No doubt the true reason of the operation being uncommon, is the obscurity of the diagnosis, the symptoms being all of an equivocal nature. Even Larry, generally so partial to operations, recommends the immediate closure of all wounds of the chest, excepting such as are complicated with injury of the intercostal artery; because, (says he) unless very considerable vessels of the lungs are injured, (in which case nothing can be of any use,) either no extravasation, or only a trivial one, happens, which, under the employment of vigorous antiphlogistic treatment, may be dispersed by absorption." Notwithstanding so high an authority as Baron Larry, the above doctrine I think, should not be implicitly followed. Cases may and do occur, where a lung is wounded and bleeding freely, in which the closure of the external wound shuts the only avenue of aid and safety; and the patient dies, suffocated from internal extravasation. When the air does not enter through the wound during inspiration, (which it will not do if the wound be very oblique; the loose integument acting as a flap, or valve, which is pressed down by the atmosphere when the ribs are elevated,) I think there can be no impropriety in allowing the fluids to escape externally, as fast as they are poured out into the thorax; and where there is no such external wound, should



the symptoms indicate it, I would not hesitate the making of one. A moderate amount of extravasation, however, is not to be dreaded, unless, from the irritation of the decomposing blood a fever be excited. Indeed, it is probable that it may be beneficial by keeping the wounded part of the lung collapsed and quiet, until the wound in it shall heal; but if the fluids press upon the mediastinum, and encroach much upon the other lung, death from suffocation must ensue. The structure of the lungs is very favorable for the arrest of effusion; their sponginess entangles the coagulum in the neighborhood of the wound, and prevents the further escape of air or blood. The clots, where this purpose is subserved, are coughed up, or absorbed. All experience proves that one sound lung is sufficient to sustain life. The amount of the circulating fluid must, however, be reduced in proportion to the curtailment of its means of aeration. If the function of one lung be entirely suspended, the amount of blood in the system should be reduced nearly one-half; otherwise orthopnæa and inflammation of the other lung will be apt to supervene. Persons unacquainted with these cases will be surprised at the extent to which the extraction of blood becomes necessary, to establish the balance between the circulation and the impeded respiration. In fact, except the operation of paracentesis in some rare cases, the free extraction of blood, and the application of a tight bandage around the chest when it can be borne, constitute by far the most effective means within our reach, in the treatment of wounded lungs and emphysema. The bandage acts by keeping the wounded parts quiet; by keeping the two layers of the pleura in contact; and compelling respiration to be performed by the diaphragm and abdominal muscles; but when the respiration is much embarrassed, the bandage cannot be endured; for we must remember that it confines the sound side as well as the injured. I will not, however, indulge further in comment—perhaps already gone too far—but let the cases speak for themselves.

Isaac Herring, a vigorous young man, was overwhelmed in a stone quarry, by the earth and stones falling on him. I saw him about 6 P. M. Aug. 17, 1836—a short time after the accident. He was senseless, pulseless and bedewed with a cold sweat. The head, face and body were much cut and contused. The ossa nasi were driven in, the right upper maxillary, and malar bones, and the zygoma were broken, and several ribs on the left side were fractured. As he appeared to be dying, I did nothing for two or three hours, but give from time to time a little brandy, &c., and dressed his

wounds. Upon his reviving, I perceived some emphysema appearing over the fractured ribs, which gradually crept over the chest. I made a puncture or two over the pectoral muscle, which gave exit to some air, nevertheless the emphysema increased until the whole body was inflated, even to the fingers and toes. Where the integuments were loose, they bulged out enormously; as even the eyes and neck; and the scrotum was larger than his head. On first reviving he could only lie on the left side; in a short time he had to be kept in a sitting posture. The breathing became more and more embarrassed, so as to threaten suffocation. The thorax was evidently filling with extravasated fluids; yet he refused to permit an operation for their removal, but begged to be bled to death, or shot in the head, to be put out of his misery, as he said he must die. About midnight, the symptoms being very urgent, and death apparently at hand, for he was again pulseless and cold, he faintly gave his consent to the operation. I cut down upon the eighth rib, near the indigitations of the serratus magnus and external oblique, and drawing up the divided integuments, made a cut of about an inch through the intercostal muscles and pleura, into the chest. A tremendous gush of blood, with some air, ensued, so that the bed was deluged and the blood ran over the floor; at least five pints of fluid blood must have escaped, and I was unprepared to receive so large a quantity. Applied a compress and bandage. He was much relieved, and for three hours continued tranquil, when upon symptoms of distress again appearing, I removed the bandage, and left the wound open, which discharged blood and air freely, at every breath.

*August 18th.*—Blood and air continue to be emitted from the wound at every expiration. In the afternoon, no discharge having taken place for about three hours, anxiety and embarrassed breathing reappeared. I introduced a catheter into the wound and gave exit to about half a pint of blood, and some air which gave relief. In the evening, Dr. Trevitt, my partner, (now of Columbus) returned home, having been absent, and attended the case afterwards jointly with me. At midnight the catheter was again introduced, and a similar amount of fluids evacuated. The pulse continued all along weak and frequent, and the skin moist and cold.

*19th.*—Is tolerably quiet and easy. Pulse 112, somewhat hard, and skin warm. Bled him to a pint—blood buffy—pulse afterwards 120 and soft. In the afternoon some delirium—pulse 112. No discharge from wound since last night. Became restless in the night, but upon the spontaneous eruption of some blood and air from the wound, got easier.

Some fever and delirium—gave an aperient of neutral salts.

*August 20th.*—Can recline nearly horizontally; breathing easy, pulse 105 and soft—no pain—slight delirium—has slept considerably—bowels unmoved. Took a table-spoon full of castor oil. In the morning bowels opened and delirium subsided.

*21st.*—Comfortable—some appetite—dressed the wound with adhesive strips and bandage. Emphysema abating—can recline for a short time on either side.

*22d.*—As yesterday—emphysema less—can sleep on right side—a fluttering sound, like that occasioned by the agitation of a bottle partly filled with liquid, can be heard over the affected side, at each pulsation of the heart. *Evening.*—Respiration difficult—pulse 134—pain in right side—no respiratory sound on left side—metallic tinkling, fluctuating sound in neighborhood of heart—sound and impulse of heart principally on right side—respirations are still on right side, with crepitous rattle—bled to a pint and a half with immediate relief.

*August 23d.*—Pulse 120—respiration better—less crepitous rattle on right side. Is unable to recline, and has to be supported in a sitting posture—says he feels better and stronger—begins to expectorate a little clotted blood.

*August 24th.*—Better—respiration easy and full—no pain—audible respiration on right side—in audible on left—emphysema disappearing—appetite good.

*25th.*—In every respect doing well—respiratory sound reappearing on the upper part of left lung—extensive ecchymosis over left side and loins, which I consider as the effects of contusion, rendered visible by the subsidence of the emphysema. Valentin, however, states that ecchymosis in that region is symptomatic of extravasation in the chest.

*26th.*—Some pain in the upper part of left side and difficulty of breathing. Pulse 120—V. S. ad lbj.—blood cupped and buffy. Suppuration from fracture of facial bones flows into the mouth.

*27th.*—Emphysema nearly gone—no pain—can lay in any posture—great debility and emaciation—allow a little better diet, though still spare—small coagula continue to be expectorated.

*28th.*—Better.

*29th.*—Convalescent—sound of heart still principally audible on right side and respiration on left but slightly indicated at upper part—left side dull on percussion. Bloody spittle continued for two or three months, since which time he has been perfectly well till now.



The above narrative is very imperfect, being condensed from hasty and rough notes taken at the time. It may serve, however, to give an outline of a case of some interest. The following statement is from memory :

C. Rhinehart was stabbed with a dirk, in an affray, in several parts of the arms and body, on the night of the 3d of September last. The most serious wound penetrated the lung on the left side between the seventh and eighth ribs. It was oblique, and bled freely, but allowed no air to enter. After, from accounts, near a gallon of blood had flowed, he became faint, when the hemorrhage ceased, and the wounds were dressed with adhesive strips and bandage. I did not see him till two days afterwards. There was then considerable pneumo—thorax on the left side, pain in both and difficulty of breathing. No respiratory sound on left side—loud on right. He had been bled the day before to about a pint, and I bled him again to the extent of a quart, and applied a tight bandage round the chest, by which he was much relieved. He continued to mend for three or four days, when fever, slight delirium, and a very foetid diarrhœa set in. His diet had been extremely spare, and the bowels unloaded, so that I am inclined to think that the diarrhœa and fever were occasioned by the absorption of decomposing blood in the thorax. I was, therefore, not anxious to arrest the looseness, but satisfied myself with moderating it with small doses of Dovers' powder. The chest continued very tympanitic on the left side for upwards of a week afterwards. The fever and diarrhœa gradually abated, and at the end of the week he was nearly well. On the second week a few small clots of blood were coughed up; but, as in the former case, there was little or no hæmoptysis in the first place. In this case, if the wound had been immediately closed, I am inclined to think the symptoms would have been far more serious.

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ART. IV.—*On Cyanosis* By JOHN L. VATTIER, M. D., Cincinnati, Ohio.

THE term *Cyanosis*, *Morbus Cæruleus*, or blue disease, is applied to a morbid appearance of the skin, wherein it assumes a blue, violet or purple color, most observable in those parts where the cutaneous capillary vessels are superficial, such as the lips and cheeks.

Although this color may not be confined to any one disease—for it is a symptom of many—yet in some instances it is so intense, and the symptoms so variable, that pathologists

have preferred to give it a name having a meaning referable to the color developed, rather than one arising from any assemblage of symptoms that might present themselves. Hence the terms cyanosis, morbus cæruleus, &c.

This disease has generally been attributed to a mal-formation of the heart, and most often to a communication existing between the right and left sides of that organ, in consequence of the foramen ovale, or ductus arteriosus remaining open after birth, by which means a considerable portion of venous blood is allowed to pass off into the circulation, without having previously passed through the lungs.

Malformations of the heart generally amount to congenital imperfections in the structure of the organ, consisting in an anomalous configuration, or in a want of developement of certain parts. Of all the causes which give rise to a communication between the right and left sides of the heart, the most frequent is a persistent opening of the foramen ovale, depending on a non-developement of the valves which close this opening, or a failure of those valves to contract adhesions. If it depend upon a non-developement of the valves, (which is of course congenital) the opening may become dilated, and be even three or four times its ordinary size.

When a communication does exist between the two sides of the heart, whatever be the cause, the mixture of arterial and venous blood is almost an inevitable consequence. It is said however that there are exceptions to this. Aran cites for an example, that when the two folds of the valve have not contracted adhesion, their approximation by the pressure which is made against them at both sides, is sufficient to prevent the mixture of arterial and venous blood, and that where the opening is even large, and nothing left to guard it, the blood may on each side make an equally opposing pressure, and thereby prevent its admixture. This I should consider a mere hypothesis. Cloquet also leans to this opinion, and a few cases have occurred which go far to prove the general correctness of the doctrine.

It is said that the most frequent result of a communication between the right and left sides of the heart is hypertrophy with dilatation of the right cavities. Bouillaud and Bertram think that hypertrophy in this case is attributable to the introduction into the right cavities of a certain quantity of arterial blood, which is endowed with more irritating and nutritive qualities than the venous blood; this may have its influence, but when we reflect that according to Aran and others, in a majority of cases of mal-formation of this nature, in which hypertrophy of the right cavities is at its maximum, the

anomalous communication between the cardiac cavities is accompanied by contraction of the orifice of the pulmonary artery, we may arrive at the conclusion that the presence of arterial blood is the lesser, and the defect at the orifice of the pulmonary artery the more powerful cause. The dilatation in these cases is no doubt owing to the excessive distention of these cavities, in consequence of the obstacle presented to the circulation of the blood by the contraction of the pulmonary artery.

Although it is a clearly established fact that cyanosis does exist in connection with an open state of the foramen ovale, yet many cases have occurred where this imperfection does not exist, and yet all the symptoms of the disease have presented themselves. And on the other hand cases have been reported, placing it beyond a doubt, that the foramen ovale may remain open, allowing the admixture of arterial and venous blood to take place, without the disease in question being the result.

The most popular opinion at the present day, and perhaps the most correct one with regard to the origin of the symptoms of cyanosis, is, that they depend upon delay in the pulmonary circulation, the result of a fixed impediment to the circulation. Dr. Stille, of Philadelphia, who has recently investigated this subject with some care, has adduced ample evidence in proof of the conclusions, 1st—That cyanosis may exist without admixture of the blood. 2d—That there is not always a proportion between cyanosis and the degree in which the blood is mixed. 3d—That complete admixture of the blood may take place without cyanosis. 4th—That cyanosis depends upon congestion of the general nervous system from obstruction in the right side of the heart, or in the pulmonary artery, impeding the return of its blood to the lungs.

There can be but little doubt, but that this blue, or violet color is a constant attendant upon organic lesions of the right cavities of the heart, and of whatever character the lesion or mal-formation may be, it presents a fixed impediment to the circulation and a consequent delay to the passage of the blood through the lungs. The question must then arise as to what will be the result of a want of oxygenation in the blood? Can its vitality or carbon be retained? Is it not necessary for a preservation of a proper color in that fluid, that the circulation through the capillary vessels should be uninterrupted. In my opinion its vitality or color can only be retained to their fullest extent, by a free and uninterrupted circulation of the blood through the lungs and capillary system.



For the purpose of illustration I will relate a case that occurred in my own practice. On the 9th of Sept., 1843, I was called to visit the child of Mr. Joseph Smith, aged nine months. I found it suffering from syncope. It had had several fainting fits that day. I administered the usual restoratives. It soon revived, but again relapsed, and remained with a tendency to fainting for several days.

I was again called to see this child on the 5th October following. It was then in convulsions, and notwithstanding all my efforts to arrest them, they continued with scarcely an intermission of ten minutes for forty-eight hours, and then when every one about him supposed that he was about to breathe his last, he unexpectedly recovered. These attacks continued at intervals up to the time of his death, the child always presenting a feeble appearance, and in fact although he attained the age of five years, never being able to walk.

He continued my patient upwards of four years, and when in his best state of health presented the following appearances:—blue appearance of the skin, more marked about the lips, eyes, temples, forehead and hands, but extending more or less over the whole body—fingers and toes generally slightly swollen—onsiderable depression of temperature over the whole body—difficulty of breathing, which was sometimes excessive.

In October 1846, the following physical signs presented themselves—dullness on percussion over the region of the heart—increase of impulse in the heart's action, more distinct at the lower edge of the ribs. Examination with the stethoscope detected a very strong murmur between the third and fourth ribs, which seemed to extend upwards, and was accompanied by a tremulous sensation. This murmur was also very distinct at about the juncture of the fifth rib with the sternum. Subsequent examination presented the same physical signs. On the 5th of June, (1847) I was again sent for in great haste to visit this child, and on my arrival at the house found it dead, and from what I could learn, suppose that it died in a convulsion. I obtained permission to make a post mortem examination, and the next morning, assisted by my friends, Drs. J. P. Judkins, Baker, Mendenhall, and Kauffman, proceeded to do so. The autopsy presented the following appearances:

General livid appearance, except on the face—finger nails incurvated and much enlarged—fingers swollen, with a bulbous appearance at their extremities—thorax very prominent over the region of the heart—abdomen much distended—general engorged appearance on opening the thorax

—remains of thymous gland larger than natural—little or no fluid in the pericardium—hypertrophy of the heart, particularly the right side, which was enormously enlarged—the walls of all the cavities much thickened, particularly the right auricle and ventricle—pulmonary artery very small, and contracted at its orifice—aorta arises from both ventricles, the septum of the ventricles being wanting at the valves of the aorta, thereby allowing a free communication between the ventricles and that vessel,—ductus arteriosus slightly pervious. Foramen ovale open and valvular,—lungs much engorged.

It will be observed that this case presents several of the most important varieties of conformation: 1st—The contraction of the pulmonary artery, impeding the passage of the blood to the lungs. 2d—The mal-formation of the aorta, whereby a large quantity of venous blood must necessarily pass into that vessel at every systole of the ventricles, and which I believe would to some extent assist in producing the discoloration of the surface, and especially the livid appearance of the mucous membranes. 3d—The pervious state of the ductus arteriosus, and 4th—The persistent opening of the foramen ovale, both adding to the same result. Besides which an additional effect of these or any other defect in the conformation of the heart, would be to produce an obstruction in the pulmonary as well as in the general venous system, producing a partial stasis of the capillary system, thereby rendering the process of arterialization slow and incomplete.

In regard to the treatment of this affection when it depends upon an organic lesion, we can adopt no general plan suited to the case, for the complete removal of such a disorder is quite beyond our reach.

The treatment must of course be palliative, depending upon the character of the lesion and the individual case. The symptoms may be mitigated and the life prolonged by avoiding violent exercise, as well as any other circumstances which may tend to increase the circulation or quicken respiration. It is important to maintain a healthy state of the digestive organs by suitable diet and medicines. In cases of acute pulmonary affections supervening on this disease, prompt blood-letting may be required. In those cases where the circulation is languid, the temperature much below the natural standard, and the strength much reduced, stimulants may be used to advantage; and as it is important to maintain a tranquil state of both body and mind, opiates may be given to control those symptoms arising from an irregular action of the heart. And although active exertion should be entirely

precluded, yet passive exercise in the open air will mitigate the violence of the symptoms and prolong life.

Dr. Meigs contends for the doctrine that persistence of the foramen ovale, is the cause of cyanosis in infants. He says, "as the occlusion of the foramen ovale is prevented by the torrent of blood flowing from the inferior vena cava, raising and keeping raised the interauricular valve, which is thin and floating, it occurred to him to place the cyanosed child on the *right* side, with the head and trunk somewhat raised, so that the interauricular septum should be maintained horizontal, and the blood contained in the left auricle, should press with its whole weight on the closed valve. I have frequently seen the blue color disappear at the very instant that the infant was placed in this position, proving that the oxygenated blood only entered the arteries." Dr. M. says that he has in this way saved the lives of fifty or sixty children in a hundred; whereas, according to previous reports, all the other means hitherto tried have been unsuccessful.

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ART. V.—*Case of Hydrophobia.*—By ABNER H. BROWN, M. D.,  
*Lowell, Mass. Prof. of Materia Medica in the Berkshire Medical Institution.*

As the pathology and treatment of Hydrophobia are still unsettled, it may not be entirely useless to put on record the following case, though its history is very similar to that of many others. It is only by the study of individual cases that we can arrive at a correct knowledge of this, or any other disease, and the more of such cases, accurately described, that we have, the better opportunity they will afford for comparison and generalization.

On the 29th of July last, William H. Bardwell, aged 18 years and 9 months, was bitten by a dog which had been brought into the auction shop of Shapleigh and Farrington, for the purpose of being sold. The dog escaped and was not heard of afterwards. The wound was inflicted on the right arm, about two inches above the wrist joint; the teeth penetrated through the skin on each side of the arm, though the wound was considerably deeper and wider on the anterior surface than on the other. The wound was dressed by a physician soon after it was inflicted, but, singularly enough, neither excision of the part, nor the application of caustic was resorted to. It healed readily, and the affair was apparently forgotten, though it is said that young Bardwell expressed to a friend some apprehension of the dreadful fate which actually impended over him.



On Sunday, Nov. 5th, he complained of pain in the head, back, and especially in the shoulder of the arm which had been bitten. On Monday he was about, as usual, though still complaining of the same symptoms. Tuesday morning, feeling no better, Mr. B. applied to Dr. J. W. Graves for medical advice. At this time there was the same pain in the head, back and shoulder; pulse slightly accelerated; tongue partially coated with a white fur, but there was nothing to indicate serious disease. He was directed to use the warm bath, and to take some gentle cathartic. This he did with apparent relief.

About 4 o'clock in the afternoon, however, while he was attempting to drink some water, a slight spasm came on. Dr. Graves was immediately summoned, and in the course of an hour or two, other physicians were with him. Their efforts to induce the patient to drink water uniformly brought on a spasm as often as they were repeated, and soon the most sceptical were satisfied that it was an unequivocal case of Hydrophobia.

During the evening the spasms were neither frequent nor severe. The earlier ones were a simple shuddering and drawing back at the taste, and even at the sight of water. In the intervals the patient made no complaint of particular pain or discomfort; his mind was perfectly clear, and he was fully conscious of his dreadful situation. After consultation, it was determined to try the effects of the inhalation of chloroform. The patient was easily brought under its influence, and so kept *during the entire night*. There was no return of the spasms, and nothing to indicate that a subtle and fatal poison was doing its terrible work in the system of the unconscious victim. Early the next morning, however, the quantity of chloroform which had been procured was exhausted, and no supply being immediately at hand, its effects soon passed off, and the patient became conscious again. From this time the spasms became more frequent and violent; they very closely resembled each other, but it seemed that every one was more terrible than the preceding. Sometimes there would be an interval of several minutes, and then two or three spasms would follow in quick succession. The convulsive, catching respiration, which a person exhibits who has been unexpectedly immersed in water, or subjected to the shower bath, bears a faint resemblance to the milder spasms of this man, in the early part of Wednesday.

The sight of water, the mention, or even the idea of it, a current of air, the touch of a cold hand, even the slightest cause was enough to throw into convulsive action the dia-

phragm and all the muscles about the chest and neck. Various attempts were made in the course of the forenoon to administer the chloroform, but without avail. The cold which it produced by evaporation instantly threw the sufferer into frightful spasms. At this time the cicatrix of the principal wound appeared red and inflamed; the secretion of saliva also began to increase, and in a short time there was quite an abundant flow of frothy saliva and mucus.

About 11 o'clock the spasms seemed to have reached their height; at first they were confined to the diaphragm and the muscles of the neck; but now the whole body was involved.—The united strength of several men was required to prevent him from injuring himself and others, and at length other means of restraint became necessary. The inhalation of chloroform was again proposed, and after a good deal of persuasion the patient attempted it. The first efforts were attended with violent spasms, but about noon its influence was fully established, and he became quiet, though not entirely unconscious. That a sufficient quantity of chloroform might be kept on hand, a person was sent to procure a new supply; but unfortunately, before his return, the attendants had used up all they had, and the patient relapsed again into his former condition. The spasms were violent and frequent, and were attended by loud crying and shouting. Most of the afternoon was spent in vain endeavors to bring him under the influence of the chloroform, and about 5 o'clock this object was accomplished; chloroform was freely inhaled for about an hour, when it was gradually withdrawn. There was no return of the spasms, and only slight efforts to move; his breathing and respiration resembled that of an apoplectic person.—Towards the last the discharges from the mouth became bloody; the whole amount of saliva and mucus discharged was estimated by Dr. Curtis, who was very constantly with the patient, at eight or ten ounces. He continued in the state I have described till about 8 o'clock in the evening, when he quietly expired, 28 hours after the appearance of the first spasm, and one hundred and two days after the wound was inflicted by the dog.

*Post Mortem Examination.*—The results of the examination of the body after death, were as unsatisfactory as they usually are in such cases. The *Brain* exhibited appearances of active congestion; the vessels of the membranes were crowded with blood, and as the substance of the brain itself was sliced off, numerous bleeding points quickly appeared. The *Spinal Cord* seemed to be healthy. The mucous membrane of the *Fauces*, *Larynx*, *Trachea*, and *Bronchia* was intensely inflamed. It ap-

peared, as one of the physicians present said, as though a brush, dipped in red paint, had been drawn over the whole surface. Notwithstanding the abundant secretion of mucous and saliva, the parts, at the time of the examination, were quite dry. The *Epiglottis* was considerably tumified; no other abnormal appearances were observed.

We must conclude with Dr. James Johnson, "that it cannot be denied, but that the most evident indications of inflammatory action attend the symptoms, and distinguish the pathology of hydrophobia; that we have often inflammation of the œsophagus, pharynx and larynx, and occasionally of the brain and spinal cord; yet it is generally admitted that these appearances are more the consequences than the cause of the disorder, and that although frequently present with, they are by no means essential, to the existence of hydrophobic action."

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ART. VI.—*Manual Delivery of the Placenta.*—By J. BYRD SMITH, M. D., Cincinnati.

FROM the period when the attention of the physician was first directed to the study of obstetrics, as a science, up to the present day, all writers of distinction in this department of the profession, have considered the expulsion or delivery of the Placenta, of sufficient importance, to devote a chapter to the special elucidation of its phenomena. And notwithstanding that most of them have zealously labored to devise and establish specific rules for the guidance of the profession, under the various conditions that may present themselves to notice, but little uniformity prevails in the practice pursued by different individuals. Whilst nearly all agree that it is improper to make time a criterion for manual interference, not a few are found to be governed in this respect, by time alone. One authority deprecates an early interference with the natural efforts as highly censurable, whilst another with equal honesty and earnestness, declares, that too often the time for proper action is allowed to pass by, and what would otherwise have been an easy and safe operation, is by delay converted into one of difficulty and danger.

The principles which governed the ancients in an immediate manual extraction of the placenta, may, at first sight, seem based upon erroneous deductions; still there is much good sense and sound reasoning intermixed with what subsequent investigations have proved unfounded and unphilosophical.—Attributing to the uterus but little else than mere passive power, and supposing that the fœtus possessed an inherent power



within itself of favoring its own separation at the proper time, from its connection with the mother, they, carrying out the same train of reasoning, when applying it to the placenta, very naturally concluded, that the moment its relations with the child were changed, it became a dead, useless mass, and as such, the sooner the economy was freed from it the better. And from the supposed want of power in the uterus, they feared that without assistance, but little hope could be indulged of its separation. Another cause assigned for their practice, was, that the placenta being a dead substance, became pernicious every moment it remained; and that the woman was in danger of being poisoned from its contact with the internal organs. The most rational motive advanced by them for their mode of procedure, and one which unfortunately is too often lost sight of at the present day, was, that if not soon extracted, it would be almost impossible to bring it away, from closure of the mouth of the uterus.

The great desire of modern physicians to effect changes, both in the principles advanced, and practice pursued by their predecessors, in the science of obstetrics, has caused them to run into extremes in reference to non-interference. From observing that in many instances, the uterus is capable of excluding the placenta without assistance, they erroneously suppose that interference is wholly unnecessary, and always to be deprecated; and in thus becoming mere watchers at the bedside, they lose sight, in a great measure, of the object the accoucheur should have in view. We have strong evidence of the design of nature to effect an early separation of the placenta, in the fact observed by every one familiar with midwifery—that as a general rule, in the course of 10 to 20 minutes, or a short time after the birth of the child, the action of the womb returns for the purpose of expelling the after-birth.—In corroboration of this design, we have analogical testimony from what is observed in carnivorous animals; when their young have been a short time expelled, they, apparently feeling pain, lay hold of the navel string with their teeth, in order to extract the placenta; and it is probable that a woman in a state of nature, would, with her own hands, give something like the same assistance. So much to refute the opinion advanced by some, that mere retention is of itself insufficient cause for an early interference, by demonstrating that by such assistance we are only accomplishing what nature designed the uterus itself to affect.

Dr. Denman, who in most matters in midwifery stands deservedly high, and merits much credit for the many important improvements he has given to the science, has promulgated

some singularly untenable opinions on this subject; and I cannot avoid concluding that inconvenience, and danger, has often resulted from their adoption in practice. He remarks, when speaking of retained placenta, (I suppose he refers to that variety of retention caused by suspended action,) "That after a certain time, but certainly not within one, perhaps two, or even more hours, unless compelled by hemorrhage or some untoward symptom, only very gentle means are to be used to favor its expulsion." Again he says "that a time will come when we must determine upon its extraction, or leave it behind, and the latter being unsafe, and unjustifiable, the mere retention will be sufficient authority for us to extract it \* \* \* if it be not expelled at the end of four hours, it is generally wise to determine upon extracting it." And from his subsequent remarks, it would appear, that his chief motive for then interfering, is fear of closure of the mouth of the uterus. Nor is this all; as if determined to retard as long as possible, the woman's being placed in a condition of safety and comfort, he suggests the propriety of leaving the after-birth in the vagina, after its removal from the uterus, for at least one hour, assigning as his reason for the practice, that by its bulk it acts as a tampon, in this way preventing hemorrhage.

Dr. Francis, in commenting on Denman's views, is of opinion that whatever may have been the success attendant upon his practice, the plan of thus permitting the placenta to be retained, cannot be justified. He fixes the limit of non-interference at two hours. As might be expected, he rejects the idea of leaving the placenta in the vagina as absurd.

Though far from adopting all his views on this subject, Velpeau's course of procedure in retention, seems to me more rational and judicious than that pursued by any other modern writer, with perhaps the exception of Prof. Murphy; and if generally adopted would be productive of much good. He says, when criticising the practice pursued by the ancients, "that immediate manual delivery if followed in all cases, would sometimes prove dangerous, but not more so than that recommended by most authors of the present day; of waiting hours for the natural delivery." "Being," says he, "in 1823, still imbued with the prevailing ideas on this subject, I used to wait until the pains came on before I proceeded to act, and I stopped as soon as I perceived the slightest resistance, and in the space of six months was obliged to wait on one occasion ten hours, on a second twenty-four, on a third thirty-six, and on a fourth forty-eight; and in the last case was obliged after all to introduce the hand. Since that time I have never

been obliged to wait more than one hour; for me it suffices that the womb has contracted and become hard, even if the woman has felt no pain nor dragging sensation, and up to the present time, I have had good reason to be satisfied with my mode of proceeding."

The doctrine of the great danger of manual interference in the delivery of the placenta, as taught in the schools and most of the text books, is, I am well satisfied, calculated to mislead inexperienced practitioners, and lull them in many cases into discreditable and dangerous inactivity—discreditable to their own reputation, and dangerous to the welfare of their patients. Being fully convinced that the plan of procedure so plainly laid down in books, and forcibly impressed upon their minds by eloquent teachers, is all that is necessary to govern them in their actions, they wait with blind confidence for pains to appear, before attempting any assistance; and even when that assistance is rendered, from their great fear of inflicting injury, they make use of such slight and inadequate force, as only to annoy the woman and perplex themselves, without in the least hastening the delivery. The practice generally recommended is to make friction over the abdomen, to excite the uterus to contract, and traction of the chord, during the continuance of pains, to second the efforts of nature in the expulsion. Now it seems to me that these very means, instead of hastening the end for which they are instituted, only tend to protract and complicate the delivery. The object of the friction is said to be to produce uterine contractions; these it may to a certain extent induce, but the contractions will be inefficient, and limited to particular parts of the organ, and in consequence, danger of producing irregular contractions will be the result, in many instances, of such abdominal rubbing. Prof. Murphy says "irregular contractions are excited by drawing the funis frequently, for the purpose of ascertaining whether the placenta is separated; and also by friction over the anterior walls of the uterus, or rather over the corresponding portion of the abdomen. By this manipulation the uterus is often pushed over the iliac fossa, where it remains in a semi-contracted state; or the anterior portion of the uterus is contracted, whilst the posterior, where the placenta is commonly attached, is relaxed."

What is the consequence in cases of retention, where the young practitioner, following out the principles he has been taught to be correct, finds hour after hour passing, and no change for the better taking place in the condition of the woman? Doubts begin to be entertained as to his skill, and he is viewed by his patient and her friends with distrust; a con-



sultation is demanded ; an older or less timid practitioner called, who from the fact of his knowing that little or no danger attends the manual delivery of the placenta, when carefully performed, proceeds at once to do what should have been done hours before—deliver by the introduction of the hand—and receives a great deal of credit for his supposed superior skill, whilst the young man is set down as ignorant of his duty, and incompetent to practice his profession. The latter at length learns from bitter experience, and blasted reputation, that acquiring rules from books and teachers of medicine for his guidance in practice, is one thing, and carrying them out at the bed side, another. He also makes the discovery, that many who insist with the greatest zeal, on the propriety of leaving all to nature, are not those who wait the longest for nature to act.

This is no fancy sketch. I speak from that best of all authorities, experience. Leaving college, saturated, if I may be allowed the term, with the prevailing idea of the danger of manual interference with the natural efforts, and sincerely believing that the chief duty of the accoucheur was to sit by with his arms folded, and watch nature, fully confident that she would be found competent to discharge all her functions, I was summoned to my first case of midwifery. In one respect I was fortunately circumstanced; being connected with a public institution, I was less liable to suffer in reputation if difficulty occurred, than I would have been in private practice.—The labor was natural, the woman healthy, with a well formed pelvis, and a first pregnancy. After waiting two or three hours from the birth of the child, during which time friction over the abdomen, and traction at the funis, were diligently pursued, without any descent of the placenta, a messenger was despatched for the attending professor of obstetrics, and by the time of his arrival, the placenta had been retained over five hours. The delivery was accomplished by the introduction of the hand. In this case puerperal fever subsequently supervened. In the second case the placenta was still retained at the end of an hour from the expulsion of the fœtus, although the usual means had been resorted to for eliciting uterine contractions. I now felt disposed to doubt the correctness of preconceived opinions, and was reluctantly forced to conclude that nature unassisted, or what amounted to about the same, assisted by the usual means, was not likely to accomplish all that was desirable. The question naturally suggested itself to my mind, whether more injury was not likely to result to my patient, from long retention than from immediate manual delivery. After deliberately turning the matter in my

mind, and reflecting, that in all probability I would, even if the operation was delayed for hours, eventually have to resort to an introduction of the hand, I at length determined upon an immediate delivery. The hand was introduced without difficulty, and with apparently but little pain, or inconvenience to the patient. No force was found necessary in the extraction, for as soon as the hand had passed beyond the placenta, and come in contact with the walls of the uterus, active contractions of that organ supervened, and both the placenta and hand were immediately expelled; the patient had a speedy getting up. Whether the long retention in the first case had any influence in predisposing to an attack of fever, I do not attempt to determine, but from some unfavorable symptoms in two similar cases subsequently, I am disposed to think it had.

The favorable results obtained in the second case, encouraged me to persevere in immediate delivery, in my subsequent labors; and I can say, in the language of Velpeau, that I have had good reason to be satisfied with the practice pursued, and now I have no fear of being detained for hours, in the delivery of the placenta. What under the old practice is always vexatious and more or less dangerous, is by this method rendered comparatively easy and safe. The accoucheur, instead of delaying the delivery, can proceed to the extraction immediately after the birth of the child, and in a few minutes the patient can be left with an assurance of safety and comfort.

The method pursued by me, is during the expulsion of the fœtus, as the fundus becomes emptied, to make, or cause to be made, firm pressure over this part of the uterus. By this means we insure a uniform and efficient contraction of the latter from above downwards, with the effect of detaching the placenta from its connection with the uterus during the same pains which expel the child. This kind of assistance, first suggested by Dr. Murphy, I have made use of in some 15 or 20 cases, and have never been disappointed in the result; the placenta on examination, being found detached in all of them. After giving the necessary attention to the child, I proceed to an examination of the uterus, and if not found contracted, it is grasped firmly with both hands, and the compression continued until it is felt to harden and recede within the pelvis.—Without waiting for pains, steady traction at the chord is pursued, whilst at the same time the hand is grasping the uterus externally. Friction over the abdomen I consider, for reasons before assigned, as not only inefficient, but sometimes decidedly injurious. The operation of grasping the womb is as readily performed, and much more likely to accomplish the desired object. After thus manipulating for a few minutes, if

the placenta does not descend, I direct an assistant to make sufficient pressure externally, to maintain the fundus of the uterus in a proper position, and proceed to pass the fingers, and if necessary, the hand, into the vagina, for the purpose of stimulating the uterus to contraction. Sometimes this alone excites contractions, but if not, the hand being conically shaped, is passed along the funis, into the uterus; this should not be done in a hurry, but slowly and carefully, so as to avoid inflicting injury upon the woman. The hand being passed beyond the placenta, which will generally be found in the neck of the womb, grasps it. The increased volume of foreign matter in the cavity is usually sufficient to produce immediate and efficient contractions, and the hand with the secundines will, in most instances be forcibly expelled. If such is not the case, the hand containing the placenta, as much reduced in bulk by compression as possible, is to be gently brought away; the assistant increasing the external pressure as the womb is emptied of its contents. As soon as the placenta is removed, a bandage can be applied and the woman made comfortable.

The advantages of this disposition of the placenta, are—

1. *It shortens the period of the patient's suffering and anxiety.* The shorter this is, all other things being equal, the less prostration of strength, and consequent danger of subsequent untoward symptoms supervening. The fact of a woman being compelled for hours to lie in her wet clothes, independent of its depressing effects on the mind, is, in my opinion, sufficient cause for our interference—especially when it is well known that no great danger is to be apprehended from that interference. This uncomfortable condition of the woman is particularly distressing in families of low circumstances, where a woman, in the most inclement weather, has but scanty clothing, and scarcely any means of producing warmth in her apartment. The condition of her mind is frequently found correspondingly depressed, and generally to partake of the temperature of surrounding circumstances. It is impossible to convince her of safety until the placenta is removed; and the longer this is delayed, the more gloomy and apprehensive she becomes. Nor is the condition of her medical attendant much to be envied. Knowing that it is strictly his duty to remain with the patient until the placenta is delivered, he becomes restless and impatient at its retention; and fearful of introducing the hand, he, in a fit of desperation, makes forcible and sudden traction at the chord—thus endangering its rupture, or, what would prove most deplorable, inversion of the womb. Under these circumstances, is it not



wiser to adopt a procedure which, whilst equally as safe as the old method, relieves both patient and attendant from much inconvenience, and the former from some danger. I can call a case to mind where the placenta had been retained some twelve hours, the gentleman in attendance supposing he was doing all that could be required of him by waiting patiently for uterine contractions, with occasional rubbing over the abdomen, and slight traction of the funis. He was an old practitioner, and had attended a large number of obstetrical cases. He informed me that, from fear of inflicting injury on the soft parts by manual interference, he had repeatedly waited hours for the natural expulsion of the placenta, and that he had never dreamed of such a thing as delivery by the introduction of the hand, without a previous consultation. Some difficulty was experienced in the delivery, in this instance, from partial contraction of the neck of the uterus, the effect of the long retention; and the woman's subsequent recovery was not as speedy as I could have wished. For several days her pulse was up to 110, with tenderness over the uterus. That these symptoms were not dependent upon inflammation, was proved by the successful application of fomentations, and the administration of stimulants and anodynes.

2. *It lessens the danger of hemorrhage, by causing immediate and efficient contractions of the uterus.* It is a well known fact, that so long as the placenta is undelivered, the woman is in danger of flooding. The reason is, that as long as the uterus contains within its cavity a foreign substance of the size of the placenta, it is prevented from contracting down to such a volume as to close the mouths of the blood vessels that have become exposed in consequence of the detachment of the placenta—hence such means as act with the most certainty, both in the delivery of the latter, and in producing immediate contractions of the former, will materially lessen the danger from this source. There is one circumstance worthy of notice, observed both by myself and one of my friends, that I will mention in this connection. In cases where the placenta has been delivered by the introduction of the hand, the quantity of blood lost by the woman is not more than one half as great as where left to the natural efforts. The explanation of this is to be found, I suppose, in the fact just stated of the introduction of the hand producing earlier and more powerful contractions of the uterus, and thus at once arresting the discharge of blood from the open mouths of the vessels.

3. *The removal of the placenta by the introduction of the hand, if early resorted to, is of easy performance; and, if carefully done, is not productive of injury to the mother.* Most of the authorities

in midwifery admit, that, in a majority of cases, the placenta is detached from its connection with the uterus, with or soon after the expulsion of the fœtus. An examination will almost always discover the afterbirth in the neck of the womb—the latter organ being found partially contracted. The volume of the placenta appears too small to be felt by the uterus at its fundus; and until some irritant is applied, to stimulate its fibres to increased contractions, there can be but little hope of its speedily expelling the placenta—for the uterus must, from the nature of its relations with the placenta, contract down to such a size as to allow its taking cognizance of the presence of this foreign body, before nature will be aroused to an effort at throwing it off. This will require a longer or shorter period, according to other controlling influences. In this variety of retention, Prof. Murphy is of opinion that the placenta is retained merely because the uterus is deprived of the necessary irritation to cause its contraction. In such instances, the first contractions of the uterus not being supported, the organ becomes as it were accustomed to the presence of the placenta, and it remains imperfectly contracted about it, without any efforts at expulsion. In this way the placenta may remain four or six hours in the uterus without being expelled. Is it, under these circumstances, safer to allow time for the uterus and vagina to contract, and thereby cause its expulsion, particularly when there is a prospect of its being long retained, the simple retention of itself being acknowledged a serious thing, than to augment the volume of foreign matter within the cavity of the uterus by the addition of the hand, so as to be felt, and thus hasten general and regular contractions of that organ? From the introduction of the hand, if early determined on and carefully performed, no fear of inflicting injury need be entertained, because of the existing state of dilatation of the soft parts. A head has but recently passed without injuring these organs, and is it reasonable to conclude that a body of one-eighth its dimensions, passing under a similar condition of things, will prove injurious? To me, the very idea of fearing injury under such a state of things, seems preposterous; and I must continue to believe the practice judicious and safe, until I can see or know of some well authenticated unfavorable consequence, either proximate or ultimate, clearly traceable to it.

I am aware that many writers in high places affirm, that the introduction of the hand for the delivery of the placenta is both unnecessary and dangerous; and some few even go so far as to cite cases where ill effects have followed such practice. But such cases prove nothing. They lack the principal

element of success—an early delivery. After waiting for hours for a natural delivery, as a last resort, they introduce the hand, and if unfavorable results follow, we are taught to believe that all is owing to the operation—entirely losing sight of the deleterious effects of the long retention itself, and the very unfavorable circumstances under which the manual delivery is accomplished. No one conversant with the action of the uterus will suppose, that after the neck and mouth of the organ have partially contracted, an introduction of the hand can be accomplished without giving some pain to the woman, and producing more or less injury to the soft parts. But no such ill effects will obtain where the operation is performed within the first half hour after the expulsion of the child.

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ART. VII.—*Case of Fracture of the Skull, followed by enormous Serous Discharge from the Nose.*—By L. W. HAMILTON, M. D., Chardon, Geauga county, O.

On the 22d October, 1848, I was called to see Mr. T., a blacksmith, about 40 years of age, and heard the following history of his case: A little more than three weeks before, he received a blow upon the left parietal bone, by a kick from a horse which he was attempting to shoe. I found a cicatrix in the integument about two inches in length, over the anterior inferior angle of the bone, with the appearance of a slight indentation. It was said by his attendants, that he had recovered from the injury so far as to be able to walk about the neighborhood, in a few days. About ten days after, there came on a profuse serous discharge from the left nostril, which continued, sometimes more and sometimes less, up to about ten days before I was called. The quantity discharged was, at times, enormous, estimated by a number of intelligent persons who saw him at different times, at from two to four quarts in a day. His wife informed me (and her statement was corroborated by a very intelligent young lady who frequently called there,) that a half pint cup, which was used to receive the discharge, would frequently be filled in two or three minutes. Before the cessation of this discharge, he had chills for several days, followed by febrile symptoms; and about a week before I saw him, had been perfectly comatose, with paralysis of lower extremities, involuntary discharges, &c. The only treatment advised under the circumstances was active hydragogue cathartics, which, for a time, seemed to give relief; but on the 25th he died.

On the 26th, in company with Dr. Taylor, my partner, and several other medical gentlemen, who happened to be in the



neighborhood, we proceeded to make a post mortem examination, which resulted as follows: On removing the integument, a fracture (with slight depression,) extending anteriorly along the inferior portion of the parietal bone, was all worthy of notice that could be discovered. When we passed into the cranium, the dura mater was found highly vascular through its whole extent. Over the whole surface of the brain, between the pia mater and the arachnoid, was a layer of coagulable lymph, and one or two slight patches of pus. The ventricles contained a half a pint or more of fluid; and tracing the canal forward to the attachment of the falx to the vomer, it appeared evident that this fluid had passed from the ventricles forward, and through the cribriform plate of the ethmoid bone, into the nose. The cerebral mass at this point was softened down, and appeared as if mixed with pus. A slight fracture was also discovered extending into the petrous portion of the temporal bone, and another in the lesser wing of the sphenoid. Whether the ethmoid was fractured, or whether the fluid had passed through the natural openings, I am not quite certain.

That his life was continued for a long time by this fluid finding an exit as it did, I think there can be no doubt.

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ART. VIII.—*On Cholera.*—By J. P. JUDKINS, M. D., CINCINNATI,  
*Professor of Anatomy in the Starling Medical College.*

IN compliance with your request "to prepare a condensed article upon the most approved methods of treating Cholera," the following is submitted, which is drawn up chiefly from the experience of American and European Physicians. Although it will be found imperfect in many particulars, still it is believed to embrace the best plans of treatment now in vogue.

The writer has never had any practical experience in the treatment of this Scourge, as its first appearance in this country was during the time of his pupillage in medicine. But one thing at that time made a deep impression upon his mind, and has engrossed it much since. This was the great mortality which attended Cholera shortly after its appearance in a neighborhood. To what was this owing? Was it to the greater virulence of the specific cause, pervading the air or rather, might it not be attributed, with some show of reason, to the tardiness of physicians in approaching and grappling with the foe? Premonitory symptoms of cholera, loss of appetite, diarrhœa, &c., were too often attributed to the effects of fear upon nervous individuals. (It will be well to bear in mind,

that in 1832, the opinion was generally entertained that the disease was propagated by contagion.) We repeat then that such self-delusion enabled cholera to gain a strong foothold, and to mark down many victims before the physician was aroused to a sense of his danger, when he found, too late for many, that the disease was in their midst, and that the time for successful treatment had passed with many cases, in whom the premonitory stage had given way to cholera in its worst form.

The *History* of cholera has been fully and accurately detailed by medical authors; we will therefore entirely omit it in this paper; suffice it to say that the disease which is ravaging Europe, and has recently appeared at New York City, presents the same features, the same rate of progress from point to point, and is in every particular identical with the cholera which visited our country in 1831-2.

*Causes.*—Of the primary or specific cause, we know little or nothing. It pervades the atmosphere, and successively attacks different sections of the country, most generally following the course of large streams. The majority of the profession concur in the opinion that it is not contagious.

*The Exciting Causes* are many; impure air from any cause, as neglected vaults, decomposing matter thrown from slaughter houses, bake shops, kitchens, &c., stagnant pools, damp cellars, ill ventilated apartments, personal uncleanness, intemperance in any thing, as sexual indulgence, mental or physical exertion, or in spirituous liquors—the poor inebriate is generally the first victim sacrificed to the rapacious monster—depressing emotions, as anger, fear, grief—the ill-fed and overworked are very liable to be attacked.

*Symptoms.*—These consist 1st, of the premonitory or forming stage; 2nd, those of decided Cholera, or the stage of congestion; 3d, of collapse, and 4th, of reaction, which seldom occurs. 1st, *The Cholerine or Premonitory Symptoms.*—We may remark here, that slight derangement of the bowels and stomach always preceded and followed the visitations of cholera, which is probably owing to the peculiar agent being present in the atmosphere in a slight degree. In most cases, the appetite is at first impaired, sometimes lost; there is languor; a sense of fatigue; uneasiness at the stomach; fullness of the bowels; tongue whitish and moist; thirst; may be some colic pains; hiccough, &c.; diarrhœa ensues earlier or later. At first the stools consist of the ordinary contents of the stomach and bowels, but will soon be followed by rice water discharges, which may be frequent. 2d stage, *Decided Cholera.*—This is often ushered in at once; generally from some exposure or

imprudence, but more frequently is preceded by some of the above signs. In this, the appetite is still more impaired; may be pain in the loins and abdomen; rigors; vertigo; noise in the ears; disordered vision; faintness; paleness of the face; pulse feeble; urine scanty; vomiting and purging, which in some cases may occur at the onset; generally attended with cramps in the voluntary muscles; stools look like rice water, or rennet whey; may be frequent and copious, and griping. The matter vomited is nearly of the same character, with thick glairy mucous. These symptoms continuing for some time, will usher in the 3d *Stage or Collapse*.—Here the pulse is very feeble; extremities cold; features shrunken; intense thirst; surface bathed in a cold sweat, often of marble coldness, of a leaden hue; skin of the extremities becomes shrivelled as if long soaked in soap and water; may be great restlessness; secretion of urine nearly suppressed. If still unchecked all of the symptoms become more aggravated; stools more frequent, thin and copious, and may have an urinous smell; burning in epigastrium; pulse almost indistinct; respiration hurried and oppressed; breath cool; no elasticity of skin, if pinched it retains the fold; is of a dark purple or livid color, especially the nose, lips and nails; eyes sunken, and surrounded by a livid circle; urine and tears suppressed; conjunctiva dry, and of a dirty white color; signs of great prostration; skin still sensitive; intellect generally clear, may be obtuse; patient feels but little sense of danger; is apathetic. A step further, and the pulse is imperceptible; voice becomes a low wail, and finally extinct; breath cold; patient looks like a corpse; eyes glazed; stools may continue involuntary, and stupor generally precedes death, which may occur in four or five hours from the attack, but mostly in one, two, or three days. If he rallies we have 4th, the *Stage of Reaction*.—The skin becomes gradually warmer; the shrivelling and sweating subsides; respiration improves; a high degree of excitement may ensue; throbbing of the carotids; pain in the head, and delirium; local inflammations may supervene, or the disease may assume the character of Typhoid fever. Generally, this stage is but temporary, the patient soon relapsing.

*Post-mortem Appearances*.—In those cases dying in a state of collapse, the arterial system was found empty, and the venous engorged with black and imperfectly coagulated blood, with the exception of the capillaries of the lungs; these were found less frequently in a state of congestion. Spencer states that he found the lungs pale and healthy; peritoneum, dry; small intestines, congested; glands of Peyer and other depurative glands of the intestines enlarged; brain, spinal chord and



nervous ganglia slightly congested, but structure unaltered.—When death occurred during the stage of reaction, the phenomena were different; blood of lighter color; not so much congestion as signs of inflammation present. Blood from the arterial system of a cholera patient, is found to be impoverished—deprived in a great measure of its water, carbonate of soda and other salts. Drs. Thompson and others, state that the rice water discharges consist chiefly of water holding in solution carb. soda and other salts, and a small quantity of albumen. They also state that the blood contains less fibrin and albumen. Dr. Stevens' experiments show that arterial is converted into venous blood by the loss of its salts.

*Pathology.*—This is not fully understood. Many of the French look upon it as gastro-intestinal irritation; others view it as a form of ague, and treat it accordingly. PROF. LAWSON, of Cincinnati, in an excellent article upon cholera, contained in the last two numbers of his Journal—the Western Lancet—says: "The conclusion to which we are led, is, that so called cholera *first* dynamically impresses the nervous system, and consecutively various organs, *terminating* in a peculiar form of disease in the gastro-enteric surfaces, from which arises the most obvious and alarming symptoms." He believes that internal congestion will account for most of the symptoms, and adduces strong arguments in the support of his views.

By this theory much can be explained. But is congestion alone sufficient to account for all the phenomena manifest in the worst stage of cholera? Why should it not affect the capillaries of the lungs invariably, and in an especial manner? To us, something more than congestion with retained carbon, is required in the explanation. Should not the impoverished condition of the blood be taken into account? Its altered constitution, the loss of its water, salts, and a portion of albumen; changes so great as to destroy its capacity for absorbing oxygen, which last, is a condition essential to capillary circulation, and to the vital changes in every tissue of the body.

*Diagnosis.*—The only disease which may be confounded with this affection, is the ordinary *Cholera-morbus*. We present a few distinctive features as given by Dr. Spencer. 1st, The epidemic cholera almost universally commences with deranged bowels and diarrhœa of several hours duration, whilst ordinary *Cholera-morbus* is scarcely ever preceded by diarrhœa. 2d. In epidemic cholera the stools are devoid of bile, whilst in *Cholera-morbus*, if diarrhœa precedes it, it is bilious. 3d. If bilious stools appear in epidemic cholera, the patient is deemed safe; whilst in *Cholera-morbus*, if the bilious discharges cease,

and watery ones ensue, there is danger. 4th. Epidemic cholera, as well as common diarrhœa, is a disease of all climates, and all seasons; whilst *Cholera-morbus* is mostly a disease of hot weather and warm climates. 5th. In epidemic cholera, the secretion of bile is suspended from the first; but in *Cholera morbus* acrid bilious matter is secreted, and becomes the exciting cause of the disease.

*Prognosis.*—If correctly treated in the first stage, it can be cured; but few recover from complete collapse. If the skin warms, pulse rises, and bile and urine appear in the secretions, there is ground for strong hope. “Dry cornea, ecchymosis of the conjunctiva, and a perfect stasis of the blood, as indicated by the want of any change of color in the gums or inner surface of the lips upon pressure with the finger, is a certain sign of approaching death.”

*Prevention.*—A great many precautionary measures have been enjoined by the profession, the observance of which will exercise a strong influence in warding off an attack of cholera. Secure pure air, cleanliness of every kind, preserve an equable temper of mind, avoid sudden exposure to heat or cold, indigestible food, or drinks, as cider, impure wines, and imperfectly fermented liquors. Meals should be regular, consisting chiefly of light meats and broths, stale bread, crackers, rice, eggs, &c., mustard, pepper and ginger as condiments. Clothing should be comfortably warm; sleep as high up as second story, and sleep warm. No old established habit should be suddenly changed. Avoid cold currents of air, and morning damps; over exertion of mind or body, as sexual indulgence, or any thing that will depress the powers of the system.—Chambers cleansed and ventilated, and fires kept up in them; offensive matter removed from the premises, and disinfecting agents used, as nitrate of lead or chlorine gas. Public measures should be adopted in all sections of the country, and particularly in my native city, Cincinnati, are they especially required. It behooves the Authorities to take the matter in hand. Trusty men should be appointed in every ward and township, whose duty should consist in making a careful investigation of every part, and where changes are necessary enforce them. Vaults should be cleaned, and persons prohibited, under a severe penalty, from throwing organic matter into the streets or alleys. Slaughter-houses and bake-shops should be seen to; cellars cleansed, sanded and ventilated. Public measures might also be adopted for purifying the air more extensively. According to Dr. Prout’s experiments, the air over districts infected with cholera, is found to possess an increased spec. gravity. Doubtless the poisonous agent is here, present in a greater de-

gree, than in other portions of the atmosphere. Chlorine gas has been used successfully. A writer in Chambers' Edinburgh Journal says "that the true remedy is the purification of the atmosphere, and the chief agent to effect this, is chlorine gas, which is an ingredient of common salt. Whole streets and towns can be fumigated as easily as a single dwelling. In 1832, the town of Dumfries, in Scotland, was affected with cholera from the 3d of September, till the 23d of October. At this last date every street, lane and alley was fumigated with chlorine gas. *Within five days the pestilence was entirely annihilated.* In Edinburgh, also, every house in the infected districts, in which chlorine gas was used as a disinfecting agent, *enjoyed an absolute immunity from the disease.*" Of course, the chlorine gas must be diluted, for if inhaled in its full strength, it would be destructive to life. Our chemists can give the required directions.

Would it not also be beneficial in purifying the atmosphere over cities, to use resinous or some other combustible material in furnaces, which are attached to foundries, factories, and mills of all kinds, in order to produce a strong flame, that would project beyond the tops of their high stacks or chimneys. This appears feasible, and we think would do much good, by producing currents in the air that would carry off much of the morbid cause contained therein.

Authorities should likewise make provision for the poor and prevent them from being over worked or ill-fed. When attacked by the disease, they should be immediately removed from the infected district to a dry location, and regular nurses and medical attendants should be secured. They should never be crowded in rooms. Dr. Spencer, in his monograph upon cholera, gives some general rules for the benefit of families, and especially those who live distant from a physician. We will insert some three or four of these.

1st. To keep the house and person clean.

2d. To use light and nutritious diet, avoiding crude vegetables, as corn, cucumbers, &c.; dress and sleep warm.

3d. If diarrhœa occurs, and it is bilious, it need not excite alarm, unless it becomes profuse.

4th. If suddenly attacked by the disease, and no Doctor is near, give an adult from 20 to 30 drops of laudanum every half hour, till it abates, or until three or four doses are taken; cover up warm in bed, and take some warm tea, and use mustard over bowels. At the same time send immediately for a physician."

By a close observance of the above, and maintaining a stout heart withal, we think that cholera may be divested of many of its terrors, and cheated out of one half of its victims.



*Treatment*—The great discrepancy of opinion among the profession concerning the nature of cholera, has given rise to the most opposite kinds of treatment. Many believing it a form of ague, of which collapse is the congestive stage, and reaction the hot stage, treat it accordingly, giving quinine, &c., but without much success. Dr. King, of England, in the worst form of the disease, gave cold water *ad libitum*, with large doses of calomel. If ptyalism was induced, they recovered. He thinks that hiccough is a good sign—strange!—He enjoins absolute rest, as indispensable, and says that hot air, brandy and stimulants do harm.

*Dr. Ward* used bloodletting in collapse, with cold effusion and counter-irritation.

*Dr. Black*, of England, inclines to small bleedings in the congestive stage, and uses calomel and croton oil twice or thrice repeated, followed by calomel, camphor and capsicum, and non-purgative salines, and ammonia; gives no opium unless spasms were present. Also used enemata of hot salt water, turpentine, beef tea; used warm drinks, and sinapisms to the epigastrium. In alluding to what we believe to be the most rational and successful mode of treating cholera, we will draw largely upon the able article of Prof. Lawson, Professor Wood, of Philadelphia, Spencer of New York, and several of our neighboring physicians.

In the 1st, or *premonitory stage*, our object is to arrest the evacuations, and promote the secretion of bile. Even before diarrhœa supervenes, Dr. Spencer says, if the patient is languid, feels unwell, and tongue is white and moist, give a small dose of calomel or blue pill at night, followed by rhubarb in the morning, and afterwards use some bitter tea, as columbo, quassia or gentian. Dr. Wood recommends for the diarrhœa, a powder composed of calomel, gr. 1-6, and opium 1-12, to be given every half hour. If this is not sufficient to arrest it, add to the powder 1 gr. of acetate of lead, and may, if necessary add again, kino gr. 5, or rhatany. At same time use drinks of cold carb. acid water, to allay thirst and vomiting, and mustard over the stomach. Dr. Lawson, for the mildest form, prefers the following:—

R	Calomel	gr. 10,
	Camphor,	gr. 5,
	Compd. Powdr. Chalk,	gr. 40,
	Mur. Morphine,	gr. 1.

Mix and divide into 5 parts, and give one every 2 or 3 hours as required. In some mild cases a dose of laudanum and tr. of kino will be sufficient.

*2d Stage, Decided Cholera or Congestion*, attended with vomiting, purging and spasms. Spencer and Jackson contend that the vomiting should be promoted, as it improves the functions of the liver, stomach and skin. They gave full doses of Ipecac, with an infusion of eupatorium, and covered the whole surface, with the exception of the face; also used tr. camphor in hot sweetened water; after free vomiting was induced, they gradually withdrew the hot drinks, and used dry friction, &c. *Dr. Lawson* uses calomel to restore the secretions; a very mild use of nervous stimulants to sustain the sinking powers, and bloodletting mildly, to relieve congestion. The stimulants used are principally assafœtida, musk, valerian or ether.—He thinks Hoffman's anodyne good, but especially advises chloroform, as used by Mr. Brady, of England, who gave it in 10 drop doses, in a little brandy and water, which alone was able immediately to arrest the vomiting. The following is the usual formula in which it is given.

R	Muc. of Gum Arabic,	3ij.
	Chloroform,	20 drops,
	Tr. Cardam. Comp,	3iv.
	Distilled Water.	3vi.

Mix and give one fourth of this every hour. Larger doses may be given, but if too large, will act as a sedative. The amount of blood to be drawn, will of course be much influenced by different cases; often a few leeches, or cups to the epigastrium, are all that is required. In addition to these, use external dry heat and counter irritation. *Dr. Wood*, in this stage, increases the first prescription, calomel, opium, acetate of lead and kino; also uses a foot bath of hot water stimulated by salt, mustard or cayenne pepper; mustard to abdomen and extremities; give cold drinks, with carb. acid, &c., and use enemata containing 30 drops of tr. opium if medicine is vomited; may use friction upon the skin, with the following compound, R 4 parts mercurial ointment, camphor 2 parts and 1 part of cayenne pepper. Mix and rub well; if ptyalism is induced, good; may also use local bleeding over the stomach.

*3d Stage, Collapse.*—*Dr. Lawson* thinks if it is complete, that there is nothing effectual here, except venous injection, or transfusion. *Dr. Spencer* recommends hot nutritious drinks and dry frictions, or carb. ammonia; enemata of hot salt water, starch and laudanum—keep patient perfectly quiet, avoiding all voluntary exertion. *Dr. Wood* advises stimulants in small quantities, and oft-repeated; sinapisms to the surface, and frictions of turpentine, pepper, or some strong liniment; drinks of carb. ammo. in water, with soda, weak animal broths salt-

ed, iced brandy and water in small and frequent doses, and enemata of salt water and tr. opii.

We may insert here with advantage, Dr. Trumbull's method of raising the temperature. A very strong extract of capsicum and alcohol, is rubbed over the abdomen, heart, and calves of the legs and kept up until the patient complains of intolerable heat; or boil  $\text{ʒiv.}$  of capsicum in a pint of olive oil; it will not produce vesication.

*4th Stage, Reaction.*—If this should occur, withdraw all stimulants gradually; use suitable drinks; obviate local inflammation; may require cups or leeches; but chief reliance is upon fomentations and blisters; correct the regimen, and use the mercurial influence; if typhoid symptoms appear, treat accordingly; may require quinine, ammonia, &c.

Dr. Almy, of Cincinnati, who was located in the western part of New York during the cholera of 1831–2, gave in decided cholera, cal. gr. 3, opii gr i. as a prescription; gave brandy freely, used mustard over the whole surface of the body; the patient was not permitted to move, nor even to assume the semi-erect posture when having stool; the success was good. My brother, Dr. Wm. Judkins of Cincinnati, who had much experience in the treatment of cholera in 1831–2, writes to me that the premonitory symptoms would yield readily to medicine. In decided cholera, his first prescription consisted of colomel 10 grs., and opium i gr., always given in the syrup of white sugar; this was followed, in the course of 15 or 20 minutes, in adults, by a teaspoonful of the following mixture.

℞ Sulph. Ether,  
Tr. Camphor, aa ʒi.

Doses of this, alternated with smaller doses of calomel and opium was continued; hot cataplasms of mustard to the abdomen and extremities; stimulating frictions long persevered in; absolute rest, &c. Another thing, which he says was of the greatest importance, was to inspire a feeling of confidence in the patient, in effecting which no effort should be omitted.—When successful, he says, that it was always followed by the happiest result.

Let me refer also to the excellent remarks of Dr. Gavin Milroy upon the treatment of cholera, quoted in the last No. of this Journal.



ART. IX.—*Radical Cure of False Aneurism by Compression.* By JOHN H. MOORE. Bethel, Ohio. Student in Starling Medical College.

The following case occurred in the practice of my father, and may be of some interest to the readers of the Journal:

Jas. E. Moore, aet eight years, by means of a sharp pointed butcher knife, punctured the radial artery about a quarter of an inch above the carpo-radial articulation. The hemorrhage was profuse, and flowed *per saltum*. Treatment—A pledget of lint was applied to the orifice, over which was placed a piece of coin; two or three folds of roller were then firmly drawn around the limb, so as to compress the lint and coin before alluded to. Another piece of coin was now applied over the former, and the roller carried round as before and made fast at its free extremity. The patient was then kept perfectly at rest for some twelve or fourteen days, when the dressings were removed; and to all appearance there was a permanent and radical cure, the wound having healed by the first intention, and not the least sign of aneurism being perceptible.

Some two or three days after, the patient having exercised freely at husking corn, a pulsating aneurismal tumor about the size of a walnut made its appearance immediately under the integument, in the site of the former injury.

Here, then, was a difficulty that seemed even more grave than the former. The blood in the tumor was pressed back into its natural channels and the same treatment as that in the former instance was had recourse to, viz: that of compresses and bandages. These were retained for eight or nine weeks, at the lapse of which period they were removed, and as in the former instance, the cure appeared permanent and radical.

Sixteen years have now elapsed, and there has been no sign of a return of the disease.

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ART. X.—*Adhesion of a Toe after entire Separation.* By L. R. JOHNSON. Cambridge, Ia. Student in Starling Medical College.

THE following report of a case of adhesion, after the entire separation of a toe, is perhaps sufficiently interesting to entitle it to a place in your Journal. The recorded instances of similar cases are, I believe, quite rare. Sir Astley Cooper gives but one. The following case, as an additional proof of the *possibility* of such an occurrence, and perhaps in that

light only, may be of some interest to the profession. It is extracted from a letter received a few days since, from Dr. N. Johnson, of Cambridge City, Indiana, who resided at the time referred to, in Belmont county, Ohio.

In May 1836, I was called about three miles in great haste, to see a son of Mrs. Duvall's, who had cut off his toe. Supposing there might be unpleasant hemorrhage, I of course made due haste. When I arrived I found the old lady holding the parts in apposition. The middle toe was cut off somewhat obliquely. She informed me that the boy, who was from ten to twelve years old, had been chopping some forty or sixty rods from the house when the accident occurred. He came, or was conveyed, to the house, leaving the toe behind. A person was sent back for the part, and when it was brought she placed it in apposition and held it so until I arrived. She was anxious to have it stitched on. I at first objected, but she urged, and I concluded to try the experiment. I connected the parts by three stitches, and applied an adhesive strip, I think, over the end of the toe, extending it to the foot; placing another strip around the place of union so as nearly to envelope the toe. Four days after I called to see the patient, and found, contrary to my expectation, some degree of adhesion and warmth of the extremity. I directed them to let me know if anything unpleasant should occur, and left.

I did not see the toe again for perhaps a year or more, when it made quite a respectable appearance.

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## PART SECOND.

### AMERICAN INTELLIGENCE.

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#### ART. I.—*Passage of an Iron Rod through the Head.*

[Some account of the following remarkable case has reached us through the newspapers. We find it reported at length in the Boston Med. and Surg. Journal of Dec. 13, and lay it before our readers. We shall wait with much interest for the final result of the injury.]

*To the Editor of the Boston Med. and Surg. Journal:*

DEAR SIR—Having been interested in the reading of the cases of "Injuries of the Head," reported in your Journal by Professor Shipman, of Cortlandville, N. Y., I am induced to offer you the notes of a very severe, singular, and, so far as the result is taken into account, hitherto unparalleled case, of that class of injuries, which has recently fallen under my own care. The accident happened in this town, upon the line of the Rutland and Burlington Railroad, on the 13th of September last, at 4½ o'clock, P. M. The subject of it is Phineas P. Gage, a foreman, engaged in building the road, 25 years of age, of middle stature, vigorous physical organization, temperate habits, and possessed of considerable energy of character.

It appears from his own account, and that of the bystanders, that he was engaged in charging a hole, preparatory to blasting. He had turned in the powder, and was in the act of tamping it slightly before pouring on the sand. He had struck the powder, and while about to strike it again, turned his head to look after his men (who were working within a few feet of him,) when the tamping iron came in contact with the rock, and the powder exploded, driving the iron against the left side of the face, immediately anterior to the angle of the inferior maxillary bone. Taking a direction upward and backward toward the median line, it penetrated the integuments, the masseter and temporal muscles, passed under the zygomatic arch, and (probably) fracturing the temporal portion of the sphenoid bone, and the floor of the orbit of the left eye, entered the cranium, passing through the anterior left lobe of the cerebrum, and made its exit in the median line, at the junction of the coronal and sagittal sutures, lacerating the longitudinal sinus, fracturing the parietal and frontal bones extensively, breaking up considerable portions of brain, and protruding the globe of the left eye from its socket by nearly one half its diameter. The tamping iron is round, and rendered comparatively smooth by use. It is pointed at the end which entered first, and is three feet seven inches in length, one and a quarter inch in diameter, and weighs 13¼ pounds. I am informed that the patient was thrown upon his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. His men (with whom he was a great favorite,) took him in their arms and carried him to the road, only a few rods distant, and sat him into an ox cart, in which he rode, sitting erect, full three quarters of a mile, to the hotel of Mr. Joseph Adams, in this village. He got out of the cart



himself, and, with a little assistance, walked up a long flight of stairs, into the hall, where he was dressed.

Being absent, I did not arrive at the scene of the accident until near 6 o'clock, P. M. You will excuse me for remarking here, that the picture presented was, to one unaccustomed to military surgery, truly terrific; but the patient bore his sufferings with the most heroic firmness. He recognized me at once, and said he hoped he was not much hurt. He seemed to be perfectly conscious, but was getting exhausted from the hemorrhage, which was very profuse both externally and internally, the blood finding its way into the stomach, which rejected it as often as every 15 or 20 minutes. Pulse 60, and regular. His person, and the bed on which he was laid, were literally one gore of blood. Assisted by my friend, Dr. Williams, of Proctorsville, who was first called to the patient, we proceeded to dress the wounds. From their appearance, the fragments of bone being uplifted and the brain protruding, it was evident that the fracture was occasioned by some force acting from below upward. The scalp was shaven, the coagula removed, together with three small triangular pieces of the cranium; and in searching to ascertain if there were other foreign bodies there, I passed in the index finger its whole length, without the least resistance, in the direction of the wound in the cheek, which received the other finger in like manner. A portion of the anterior superior angle of each parietal bone, and a semi-circular piece of the frontal bone, were fractured, leaving a circular opening of about  $3\frac{1}{2}$  inches in diameter. This examination, and the appearance of the iron, which was found some rods distant smeared with brain, together with the testimony of the workmen, and of the patient himself, who was still sufficiently conscious to say that "the iron struck his head and passed through," was considered at the time sufficiently conclusive to show not only the nature of the accident, but the manner in which it occurred.

I have been asked why I did not pass a probe through the entire extent of the wound at the time. I think no surgeon of discretion would have upheld me in the trial of such a fool-hardy experiment, in the risk of disturbing lacerated vessels, from which the hemorrhage was near being staunched, and thereby rupturing the attenuated thread by which the sufferer still held to life. You will excuse me for being thus particular, inasmuch as I am aware that the nature of the injury has been seriously questioned by many medical men for whom I entertain a very high respect.

The spiculæ of bone having been taken away, a portion of the brain, which hung by a pedicle, was removed, the larger

pieces of bone replaced, the lacerated scalp was brought together as nearly as possible, and retained by adhesive straps, excepting at the posterior angle, and over this a simple dressing—compress, night-cap, and roller. The wound in the face was left patulous, covered only by a simple dressing. The hands and fore arms were both deeply burned nearly to the elbows, which were dressed, and the patient was left with the head elevated, and the attendants requested to keep him in that position.

10 P. M., same evening.—The dressings are saturated with blood, but the hemorrhage appears to be abating. Has vomited twice only since being dressed. Sensorial powers remain as yet unimpaired. Says he does not wish to see his friends, as he shall be at work in a day or two. Tells where they live, their names, &c. Pulse 65; constant agitation of the lower extremities.

14th, 7 A. M.—Has slept some; appears to be in pain; speaks with difficulty; tumefaction of face considerable, and increasing; pulse 70; knows his friends, and is rational. Asks who is foreman in his pit. Hemorrhage internally continues slightly. Has not vomited since 12, M.

15th, 9, A. M.—Has slept well half the night. Sees objects indistinctly with the left eye, when the lids are separated. Hemorrhage has ceased. Pulse 75.

8, P. M., same day.—Restless and delirious; talks much, but disconnected and incoherent. Pulse 84, and full. Prescribed *vin. colchicum*, f 3 ss., every six hours, until it purges him. Removed the night-cap.

16th, 8, A. M.—Patient appears more quiet. Pulse 70. Dressed the wounds, which in the head have a fœtid seropurulent discharge, with particles of brain intermingled. No discharge from bowels. Ordered *sulph. magnesia*, 3 j., repeated every four hours until it operates. Iced water to the head and eye. A fungus appears at the external canthus of the left eye. Says "the left side of his head is banked up."

17th, 8, A. M.—Pulse 84. Purged freely. Rational, and knows his friends. Discharge from the brain profuse, very fœtid and sanious. Wound in face healing.

18th, 9, A. M.—Slept well all night, and lies upon his right side. Pulse 72; tongue red and dry; breath fœtid. Removed the dressings, and passed a probe to the base of the cranium without giving pain. Ordered a cathartic, which operated freely. Cold to the head. Patient says he shall recover. He is delirious, with lucid intervals.

19th, 8, P. M.—Has been very restless during the day; skin hot and dry; tongue red; excessive thirst; delirious, talking incoherently with himself, and directing his men.

20th and 21st.—Has remained much the same.

22d, 8, A. M.—Patient has had a very restless night. Throws his hands and feet about, and tries to get out of bed. Head hot. Says “he shall not live long so.” Ordered a cathartic of calomel and rhubarb, to be followed by castor oil, if it does not operate in six hours.

4, P. M., same day.—Purged freely twice, and inclines to sleep.

22d.—Rested well most of the night, and appears stronger and more rational. Pulse 80. Shaved the scalp a second time, and brought the edges of the wound in position, the previous edges having sloughed away. Discharge less in quantity and less fœtid. Loss of vision of left eye.

From this time until the 3d of October, he lay in a semi-comatose state, seldom speaking unless spoken to, and then answering only in monosyllables. During this period, fungi started from the brain, and increased rapidly from the orbit. To these was applied nitrate of silver cryst., and cold to the head generally. The dressings were renewed three times in every twenty-four hours; and in addition to this, laxatives, combined with an occasional dose of calomel, constituted the treatment. The pulse varied from 70 to 96—generally very soft. During this time an abscess formed under the frontalis muscle, which was opened on the 27th, and has been very difficult to heal. Discharged nearly 3 viij. at the time it was punctured.

October 5th and 6th.—Patient improving. Discharge from the wound and sinus, laudable pus. Calls for his pants, and wishes to get out of bed, though he is unable to raise his head from the pillow.

7th.—Has succeeded in raising himself up, and took one step to his chair, and sat about five minutes.

11th.—Pulse 72. Intellectual faculties brightning. When I asked him how long since he was injured, he replied, “four weeks this afternoon, at 4½ o’clock.” Relates the manner in which it occurred, and how he came to the house. He keeps the day of the week and time of day in his mind. Says he knows more than half of those who inquire after him. Does not estimate size or money accurately, though he has memory as perfect as ever. He would not take \$1000 for a few pebbles which he took from an ancient river bed where he was at work. The fungus is giving way under the use of the cryst. nitrate of silver. During all of this time there has been a discharge of pus into the fauces, a part of which passed into the stomach, the remainder being ejected from the mouth.



20th—Improving. Gets out and into bed with but little assistance. Sits up thirty minutes twice in twenty-four hours. Is very childish; wishes to go home to Lebanon, N. H. The wound in the scalp is healing rapidly.

Nov. 8th.—Improving in every particular, and sits up most of the time during the day. Appetite good, though he is still kept upon a low diet. Pulse 65. Sleeps well, and says he has no pain in the head. Food digests easily, bowels regular, and nutrition is going on well. The sinus under the frontalis muscle has nearly healed. He walks up and down stairs, and about the house, into the piazza, and I am informed this evening that he has been in the street to-day. I leave him for a week, with strict injunctions to avoid excitement and exposure.

15th.—I learn, on inquiry, that Gage has been in the street every day, except Sunday, during my absence. His desire to be out and to go to Lebanon has been uncontrollable by his friends, and he has been making arrangements to that effect. Yesterday he walked half a mile, and purchased some small articles at the store. The atmosphere was cold and damp, the ground wet, and he went without an overcoat, and with thin boots. He got wet feet and a chill. I find him in bed, depressed and very irritable. Hot and dry skin; thirst; tongue coated; pulse 110; lancinating pain in left side of head and face; rigors, and bowels constipated. Ordered cold to the head and face, and a black dose to be repeated in six hours, if it does not operate. He has had spiculæ of bone pass into the fauces, which he expelled from the mouth within a few days.

16th, A. M.—No better. Cathartic has operated freely. Pulse 120; skin hot and dry; thirst and pain remain the same. Has been very restless during the night. Venesection f 3 xvj. Ordered calomel, grs. x., and ipecac. grs. ij., followed in four hours by castor oil.

8, P. M., same day.—Purged freely; pulse less frequent; pain in head moderated; skin moist. R. Antim. et potassa tart., grs. iij.; syr. simplex, f 3 vj. Dose, a dessert spoonful every four hours.

17th.—Improving. Expresses himself as "feeling better in every respect;" has no pain in the head.

18th.—Is walking about the house again; says he feels no pain in the head, and appears to be in a way of recovering if he can be controlled.

At this date I shall leave the case at present. The result, and a few remarks of a practical nature, together with the mental manifestations of the patient, I reserve for a future

communication. I think the case presents one fact of great interest to the practical surgeon, and, taken as a whole, is exceedingly interesting to the enlightened and intellectual philosopher. In my effort to be brief, which I fear you will think an utter failure, I have omitted much in my notes that might interest some readers. Allow me to say here, that I have seen a communication in "The Reflector and Watchman," stating that "there is a piece of bone loose in the top of his head, as large as a dollar, which will have to be removed should he live." The fractured portions of bone, excepting those which were removed at the first dressing, have united firmly, and the above remark was made unadvisedly. Should you think these notes of sufficient importance to deserve a place in your Journal, they are at your service.

Yours, very respectfully,  
J. M. HARLOW.

CAVENDISH, Vt., Nov. 27, 1848.

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ART. II. — *Chloroform in Midwifery.* By GEO. N. BURWELL,  
M. D. Buffalo, N. Y.

[IN the Nov. No. of the Buffalo Med. Journal, Dr. Burwell relates, circumstantially, the results of the administration of chloroform in fifteen cases of midwifery. We would be glad to republish the whole article, but have room only for the analysis of the cases and remarks at its close.]

On looking over the list of cases for untoward symptoms which the chloroform *may* have had an agency in producing, I find in the *second* case, nausea, some dizziness, and a sense of thoracic oppression; in the *sixth*, one turn of vomiting while under its influence, and headache after coming out from it; and in the *fifteenth* case, the faintness was probably, in part, due to the same cause.

In the *third*, *sixth*, *seventh* and *eighth* cases, there were slight hysterical symptoms, talking, confusion of mind and ideas; in the *third*, *sixth* and *eighth*, the hallucinations were unpleasant, while in the *sixth* they were apparently very agreeable.

The *eighth* and *thirteenth* cases were the only ones in which I was fully satisfied that the chloroform had a decided influence in shortening the duration of the labor.

In the *fourth*, *sixth* and *eighth* cases, there were such positive expressions of pain, with apparent partial consciousness, that only the repeated declarations of the women could well convince me that they actually felt no pain.

And here let me remark upon the great caution that ought to be exercised in the administration of chloroform in similar cases. Their actions and cries are so indicative of suffering, that we, the physician and assistants, have no doubt that they are partially sensible; and, perhaps, desirous of producing a decided effect, we cause them to inhale the chloroform in freer doses, and for a longer time; and what in the result? possibly, death. If the patient is of such a constitution that a moderate dose produces insensibility, we are satisfied, and do not urge it; but when with equal insensibility, there is an apparent consciousness of suffering, complicated with a semi-delirious condition of the mind, here it is that we might err, and without a proper knowledge of this important fact, and caution in the use of our remedy, we might do irreparable injury. Never, while in the practice of medicine have I felt my responsibility greater than while reflecting upon these cases; and feeling how easy it might have been, to have done harm, if urged by a desire for a decided effect and a brilliant result, (as the safe delivery of a patient without the appearance or expression of pain really appears to be) I had urged the chloroform until complete anæsthesia was produced.

I commenced the use of chloroform, decidedly influenced by the opinion of Prof. Simpson, that it was better and safer to give a full dose, and at once produce a decided effect, than to give it in smaller quantities, repeated as occasion might require; and although my consciousness did not always allow me to reach that point at once, I persevered, in the first few cases, in giving larger and larger doses at every pain, until I had produced that result.

With my present opinions and experience, I should, and have of late, done differently. So far from desiring that a patient should lie in a state, either of entire unconsciousness, or of dreamy insensibility in the intervals of pain, I infinitely prefer that she should be entirely conscious; some how I feel much safer and less nervous about her; I then have no fears of a possible bad result.

I think that the results afforded by the second set of cases, fully demonstrate the proposition with which I commenced their narration, viz: the possibility of exhibiting chloroform to a point short of causing unconsciousness, or in anywise interfering with the full use of all her faculties, or the full play of the voluntary muscles; and yet so benumbing the pain as to make it quite easily to be borne. I would add that we can anticipate this result, not only in occasional cases, but I believe, also, in the large majority of cases.

I would be clearly understood, that in all these cases of the second division, there were expressions of pain or uneasi-



ness with each contraction of the womb; some more and some less; the voluntary muscles were, in all, excited into full action, as has been usual when chloroform has not been exhibited. I depend upon two facts to determine the relief they received; 1st, the contrast apparent to all between their suffering before breathing chloroform, and that while under its influence; 2d, their own declarations of decided relief from its use; and their positive assertions that if it be their destiny to have more children, they would be sure to have it again.

The *fifteenth* case was the least satisfactory, in this respect, of any of the second class; being the only one which did not call for it after having once breathed it, if we happened to be a little dilatory in giving it to them on the recurrence of a pain, or allowed the sponge to get emptied of it.

As to my manner of giving chloroform in obstetrical cases: I do not now speak of surgical or medical cases. I prefer administering it in small or moderate doses. My sponge will hold just one fluid drachm of the chloroform, when filled to saturation; this I call a full dose, and can be in no danger of incautiously giving more. From thirty to forty drops, I call a moderate dose; from fifteen to twenty-five, a small one. From five or six to ten or twelve *free, deep*, inspirations from the sponge, wet with a moderate dose, will generally bring a patient sufficiently under its influence to benumb pain, and even to cause momentary insensibility; and if the sponge should be wet at every pain, and the inspirations be likewise free, full anæsthesia cannot fail to be soon brought on. I generally make one wetting of the sponge do for two or three pains. I prevent evaporation by having it loosely stitched to the centre of a piece of oiled silk, of about six inches square, which silk is loosely wrapped around the sponge when taken from the face; and covers lightly the nose, mouth and cheeks of the patient while she is inhaling the chloroform. It ought not at such times to be tightly held over the nose but loosely so as to allow air to enter from under its edges, sufficiently moderately, to dilute the chloroform.

I have a perfect repugnance to administering it by taking a pocket-handkerchief, or a large sponge, and at random, pouring from one to three or four teaspoonfuls on it for the patient to breathe. I once saw a man indirectly destroyed by putting out morphine for him, in powders, without weighing it. What wonder in having a similar result from chloroform, from similar carelessness. Both are remedies of activity and power.

ART. III.—*Internal use of Chloroform.* By HENRY HARTSHORNE,  
M. D.

WHEN the inhalation of this substance as an anæsthetic began to attract universal attention, we made at the hospital, at Dr. Wood's suggestion, some investigations into its effects when taken internally. Although very sweet, it is so pungent as to require a large proportion of gum water to obtund its effect on the tongue, throat, and even stomach.

Seventy-five drops gave me a sensation of general diminution of consciousness and sensorial capacity. Sight, hearing, and touch were all made less impressive, but no feeling of exhilaration or of derangement occurred. Drowsiness was positive. The pulse was not at all accelerated; in fact, it was two beats less in the minute. The same effects followed in two other medical gentlemen from two or three times the quantity. One swallowed a drachm, or over 200 drops. He became very heavy, and after a short interval went into a sound sleep. The effect passed off on all of us after an hour or two. No one felt exhilarated or deranged as by alcohol, and in none was the pulse increased. The conclusion was positive in all our minds that it is a *direct sedative* to the cerebro-nervous system—a sedative narcotic.

A woman who suffered with a most obstinate and painful neuralgic affection of the side and head, took 75 drops at night. She slept better than she had for weeks, even after inhaling ether or chloroform, as she had repeatedly; and was also unusually comfortable the next day. She then continued to take it, in a somewhat larger dose, for two or three weeks, every night; and improved under this more than under any other treatment.

From the pungency of chloroform I was induced to expect carminative powers. Upon trial in a number of cases of flatulent colic, I found it in the dose of 75 drops, sometimes repeated, to give prompt relief. It was then used as a substitute for Dover's powder as a soporific at night in rheumatism; and there answered admirably. There was but one patient, a woman with cancer of the uterus, to whom it was given as an anodyne, who alleged that it disagreed with her, causing headache and sickness of stomach without sleep or relief.

Believing it to be less constipating and more purely sedative than morphia, I tried the addition of it to cough mixtures in place of the latter. But here the objection presents, that so large a quantity of mucilage is required, as to oppress the stomach; or, if given in alcoholic solution, the stimulus of this

vehicle might be undesirable. Still, as it is very pleasant to the taste, it might be added in small quantity to such mixtures, lessening the usual amount of opium in them.

It might be worth while to try it by enema in strangulated hernia, as a powerful relaxant to the system generally, and at the same time an excitant of peristaltic action. It is our impression that it is somewhat laxative even when taken by the mouth ; but our experiments did not render this certain.—There is no doubt, however, that as a purely sedative narcotic and carminative, having the advantage of a sweet, pleasant taste, it might often be made a serviceable medicine.—*Am. Jour. of Med. Science*.

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ART. IV.—*Account of several persons struck by Lightning, and the means adopted to resuscitate them.* BY R. L. WARREN, M. D., of Florence, Georgia.

ON the 3d day of September, 1848, in the town of F——, there were five ladies and one negress "*struck with lightning*." These persons had attended church in the village, and were on their return home in the evening, when there arose a tremendous thunder-cloud which induced them to go into the house of one of the citizens for protection from the rain. The lightning was intensely vivid. These females, from a great fear of "*being struck*," had scarcely huddled together on a bed in a room, near which stood a very tall oak tree, before it received the electric charge. Accompanying it was an explosion which resulted in completely prostrating the entire crowd.

I was immediately summoned to the spot. I immediately ordered large quantities of cold water to be thrown on their heads and in their faces, and, as soon as it could be procured, the vapour of *ammoniated alcohol* to be applied to the nostrils, which remedies had the happy effect of producing immediate resuscitation. I did not order cold water to be sprinkled on the face, but rather that "*pails-full*" should be thrown on the face and entire person—in short, the *cold douche* was prescribed. It appears that sprinkling had proved ineffectual previous to my arrival, which circumstance induced me to try the remedy in a more wholesale manner. All the patients the next morning were fully recovered from the shock, and were laboring under very little excitement, not more than might have been expected from the contusions produced by the pieces of timber that were shattered off from the walls of the house, and the incised wounds produced from the broken fragments of a large mirror that was suspended against the wall.



(I might have mentioned, that a large dog which laid on a large root of the tree under the house, with a block and chain fastened to him, was killed.) After the patients were resuscitated, tinct. opii. was administered in anodyne doses to allay excitement and irritability. Some of the patients were actually burned by the electric explosion. Whenever the fluid came in contact with a bad conductor, a severely burnt spot was left; for instance, where the clothes were moistened by perspiration, and came in contact with the body, a burnt abrasion was left. One of the young ladies, who had a *gold* locket about her neck, was severely burned on her breast by its being dissolved. The negress had opened the window, and was standing facing the tree, perhaps not more than four feet from it—she was resuscitated with much more difficulty than any of the others; her shoulders, arms, fore-arms, sides, thighs and legs, were very nearly denuded.

All the patients, after reviving, complained of severe pain in the stomach; it was of a spasmodic nature, and was relieved by the anodyne treatment above mentioned.

The tree and the house were very much injured by the electricity.—*Southern Med. and Surg. Journal.*

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#### ART. V.—*Pathology of Dysmenorrhœa.*

IN one of Dr. Parker's recent clinics, at the College of Physicians and Surgeons, a woman presented herself, 28 years of age, of active and industrious habits, but complaining of weakness, and a leucorrhœal discharge from the vagina. Her bowels were costive; head full and sometimes dizzy; pulse nearly natural; tongue slimy; and at each menstrual period, she suffered for twenty-four hours intense pain in the loins, across the lower part of the bowels, and down the thighs. The proper menstrual discharge was scanty. Here, said Dr. Parker, we have what is not unfrequently presented to the practitioner, namely, dysmenorrhœa and leucorrhœa conjoined. The discharge between the menstrual periods is glairy, or thick and ropy, showing that it proceeds from the inner surface of the neck and walls of the uterus; that proceeding from the vagina being generally thin and milky. The dysmenorrhœa in this, as in many, if not most other cases, doubtless depends on a stricture, or narrowing of the passage, through the neck of the uterus at the point called the internal os. It is from want of attention to this stricture, through ignorance of its existence, that so many cases of dysmenorrhœa go on from year to year, in spite of a great variety of treatment, subjecting the patient

not only to intense and protracted suffering, but to barrenness also. The difficulty is a mechanical one, and can generally be no more cured by taking medicine than a stricture of the urethra. The proper remedy consists in dilating the stricture by means of a bougie of suitable size, on precisely the same principle that we remove ordinary strictures from the urethra. If there is much leucorrhœal discharge from the uterus, the cure will be much facilitated by the application of solid Nit. Argent. to the inner surface of the neck. If the discharge proceed from the vagina, however, the Nit. Argent. may be used in the form of a wash, in the proportion of forty grs. to the ounce of water. The doctor stated that quite a large number of cases had come under his observation during the past year, which had been treated in this way with perfect success.—*Analyst*.

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ART. VI.—BUCKNER on *Ovariectomy*.

DR. P. J. BUCKNER, of Georgetown, Ohio, has sent us a Report of a case of Ovariectomy in pamphlet form ; the same recently published in the *Western Lancet*. Its length forbids our publishing it entire, though our readers will obtain a very perfect idea of the case, as we omit nothing but some of the daily details of treatment. It is altogether, considering the magnitude and difficulty of the operation and its result, one of the most remarkable cases on record.—*Ed*.

At the instance of Dr. A. C. Lewis, of Winchester, Adams County, Ohio, I was called to examine Mrs. Lawrence's case, the subject of the following history. She is thirty-two years of age, has black hair and eyes, complexion sallow, temperament bilious, and is the mother of six children. About a year after the birth of her fourth child, which occurred November 4th, 1840, she first noticed a tumor in her left side, low down in the iliac region. This tumor was about the size of a goose-egg, and was slightly movable. In a few months, it seemed to change its position, occupying the right side. It increased in size gradually, and, for the first three years after its discovery, gave but little pain or inconvenience, except when nursing. During lactation, it was sensitive and painful, if the child happened to strike or fall against it.

On the 25th of February, 1843, she was delivered of her fifth child, and *first* after the discovery of the tumor. This labor was unattended by any thing out of the ordinary course of a natural accouchment. After the fifth month of utero-gestation, and as the uterus became distended, she lost sight of the

tumor. After the accouchment, it was evidently diminished in size; indeed, it seemed no larger than when first discovered.

On the 5th of September, 1846, she was delivered of her sixth child. The tumor was not reduced in size, as it was after the last accouchment, but, on the contrary, the abdomen was as full and prominent as at the sixth month of pregnancy. It had at this time, a soft elastic feel as if dropsical. The *hard* tumor could not now be distinctly felt. In about eighteen months, she weaned her child, and shortly after menstruated as regularly as usual. Indeed, during the whole seven years she carried this tumor, except at the periods of lactation, the catamenia were regular as to periodicity, but diminished in quantity. The tumor continued steadily to increase after the birth of her last child, until its weight and pressure upon the surrounding viscera began to disturb her rest, oppress her respiration, and her general health began evidently to decline. Feeling conscious that unless relief could be obtained, she could not survive long, I was consulted, and received the foregoing history of the case.

*Symptoms.*—Pulse 85, small and rather feeble; skin, dry, hot, and of a sallow hue; tongue coated with a white fur; papillæ long and flaccid, appetite capricious; bowels habitually constipated; urine scanty and high colored, with frequent desire to micturate. The abdomen was as prominent as at the full period of utero-gestation, having a sulcus or fissure running diagonally from the epigastric region to the right iliac, which divided the abdomen into two unequal parts. The left side was more prominent, soft, and elastic than the right. It communicated a sense of fluctuation, on percussion. The right side was hard, firm, and elastic.

*Examination per Vaginam.*—The vagina is considerably shortened, being only one inch and a half from os externum to os uteri. Os tincae moist, soft, and dilated sufficiently to admit the introduction of a finger about half an inch. No distinctly marked tumor can be felt in either iliac fossæ, nor above the symphysis pubis; but a resisting elastic tenseness is felt surrounding the cervix uteri. In the hollow of the sacrum, near the promontory, we feel rather an uneven, hard substance, in attempting to elevate which the patient feels some degree of pain. Lining membrane of the vagina, healthy.

*Examination per Rectum.*—In the left iliac symphysis, in an upward direction, is felt the same irregular hard substance as per vaginam. The same tumor is, also, felt directly in a line with the promontory, and extending to the right iliac symphysis. The pain upon touching is not so great as per vaginam.



*Measurements of the Abdomen.*—Circumference in a line with the umbilicus, three feet two and a half inches. From xiphoid cartilage to the pubis,  $18\frac{1}{2}$  inches. The depression marking the separation of the two tumors, passes from the xiphoid cartilage to the right spinous process of the ilium, four inches and three fourths from the umbilicus.

From the foregoing history and examination of the case, I gave as my opinion, that the disease was ovarian dropsy of the multilocular form. I assured the lady and her friends that the disease was seldom, if ever, amenable to medical treatment—that tapping only offered temporary relief, and was sometimes followed by inflammation, and such constitutional disturbances, as hastened the disease to a fatal termination. I made a frank and candid statement of the magnitude and danger of *extirpation*, giving its statistics, and assuring them, that while it afforded a *chance* for life, it was imminently hazardous and uncertain in its results, from the fact, that it was impossible to tell whether there were adhesions, and if so, to what extent—whether the tumor were malignant or not—whether the pedicle were large or small—and the extent of the inflammation which might follow the operation. I stated that about one half of the operations that had been performed had proved fatal. In view of all the facts presented, and a full knowledge of the dangers and responsibilities of the operation, I informed the lady that if she should desire to have it performed, I would operate.

In a few weeks, I received a letter from Dr. Lewis, informing me that she had determined to submit to *extirpation*, and desiring me to see her again, and set a day for the operation. I addressed a letter to the doctor, requesting him to attend to the dietetic and constitutional treatment of the case, preparatory to the operation, and when he thought her prepared, to inform me of the fact, and I would then designate a day for the operation. Accordingly, in due time, I was notified of her preparation; and I here take great pleasure in stating that she was most admirably and thoroughly prepared to undergo the terrible ordeal. Her bowels were emptied by a laxative enema on the morning of the operation, followed by an anodyne to quiet their action.

We found the patient cheerful, calm, and self-possessed.—Pulse soft and regular, 80 in a minute; skin moist and of a natural temperature; tongue slightly coated with a white fur. The examination per *vaginam* and rectum, disclosed about the same state of affairs, as at previous examinations. Her whole deportment exhibited one of the brightest examples of Christian character and fortitude, connected with a just sense

of duty to herself and family, and a firm reliance upon the promises of God, that I have ever been called to witness.

Immediately preceding the operation, I introduced a catheter, and emptied the bladder; and after defining the duties of my assistants, she was placed upon the table. Having previously arranged her dress, putting on a night-gown or loose wrapper, adjusting a table cloth as a child's diaper, elevating her head and shoulders with pillows, her feet resting on two chairs, and properly supported by assistants, I commenced the operation at twenty minutes before 1 o'clock, p. m.

*Operation.*—The operation was performed on the 14th day of April, 1848, in presence of Drs. Lewis, Baker, Tweed, Shepherd, and Messrs. Park and Winters, students. My principal assistant was my son, Wm. Buckner, jr. I took my position upon the right side of the patient. A bold incision was made with the scalpel, from the umbilicus to the symphysis pubis, in the linea alba, through the skin and cellular tissue, down to the tendon of the abdominal muscles. I then carefully divided the peritoneum, which was found dense and indurated, being firmly adherent to the walls of the sac. This was unavoidably punctured, a canula introduced, and eighteen pints of a dirty, opaque, cream-colored fluid, of the consistence of pus was discharged. With a probe-pointed bistoury, guided by my finger, I divided the sac and peritoneum to the full extent of the external incision, a distance of eight and a half inches. To our astonishment, we found the parietes of the sac firmly united to the abdomen, from one semi-lunar line to the other, and from three inches above the umbilicus to within one inch of the symphysis pubis. We were now only within the walls of an extensive sac, having a rough granular surface of pink color. In looking into this huge cyst and up under the diaphragm, it presented the appearance of an eviscerated abdomen. Finding such dense and extensive adhesions, it became a grave and serious question as to the propriety of proceeding with the operation. Feeling confident that our patient would have as little chance of recovery, if abandoned to nature at this stage of the operation, as to break up the adhesions, remove the entire diseased mass, and trust to combating the symptoms which might follow, we determined to proceed. I now lifted a fold of the posterior wall of the cyst, between my thumb and finger, and finding it glide smoothly upon the viscera beneath, was assured there were no adhesions to the bowels at this point. I therefore drew it out at the wound, and divided it with a sharp pointed bistoury, so as to enable my hand to pass posterior to the cyst, and thus reach its lateral adhesions. Here were many bands of organ-

ized lymph connecting the cyst and peritoneum, which were severed by the knife, until I reached the semi-lunar line of the left side. From this point the adhesions were dense, firm, and continuous with the margin of the external wound, and had to be literally peeled from the peritoneum by force.—Dissection was out of the question, it being impossible to distinguish the line of adhesion, so as to enable us to know whether we were cutting the sac or peritoneum. The lady's own description is truly graphic, and forcibly illustrative. She says "the act of separating the sac from the walls of the belly, reminded her of tearing the leaf-lard from pork." The *left* side being now free from its attachments, the walls of the abdomen collapsed upon the viscera, leaving the *right* side as full and prominent as before we commenced the operation.

Here we found two other cysts, containing a similar fluid, filling the entire right side, from the ensiform cartilage to the iliac fossa, and dipping deep into the pelvis. It would, perhaps, convey a more correct idea of the nature of the tumor, to say, it was one vast cyst, divided into three chambers. The largest occupying the left side, the two smaller the right. This huge mass I attempted to dislodge, by making pressure externally, but found it firm and immovable—showing that there were extensive adhesions in addition to those already named. (From the semi-lunar line to the linea alba.)

It was deemed best to puncture the larger of the two remaining cysts, and draw off its contents. We thus removed six pints more of fluid, similar in appearance to the first. This produced relaxation, and a partial collapse of the right side of the abdomen, which afforded us an opportunity to explore the full extent of the remaining adhesions. We now found the superior surface of the cyst adherent to the omentum, from the umbilical to the right hypochondriac region, where it was also firmly adherent to the walls of the abdomen, embracing a portion of the omentum, as an intervening substance or medium of adhesion. This was the most firm and difficult point to overcome in the operation. In breaking the adhesions here, the omentum was lacerated and bled so freely as to require a ligature. All that portion of its lacerated free edge, liable to slough, was removed. To proceed with the operation with more facility, and less pain to the patient, we extended the external incision two and a half inches above the umbilicus, passing it on the left side, and returning again, as soon as possible to the linea alba—making the entire wound about eleven inches.

After dividing several bands of organized lymph, we arrived at the right semi-lunar line, from which point the adhe-



sions, as on the opposite side, had to be *peeled* from the peritoneum, requiring no inconsiderable force. This accomplished, the right iliac and pelvic regions were brought fairly in view, where we found the *pedicle* arising from the broad ligament, embracing the Fallopian tube and ovary. It was about two inches in diameter, and highly vascular—the vessels being full and tortuous. I now passed a needle, armed with a double ligature, through its centre, and tied each half firmly, in separate ligatures, and divided the pedicle between the ligatures and tumor. In attempting to lift it from its bed, we found still another point of adhesion, to the anterior face of the fundus of the uterus itself. In separating this adhesion, a spot of an inch in diameter, of a dark livid, and rather ecchymosed appearance was left upon the uterus. All being now free, the entire mass was removed; the walls and cavity of the abdomen and pelvis carefully sponged with a succession of fine sponges, and every thing like coagula and extraneous matter removed. The edges of the wound were approximated and secured by five interrupted sutures—the intervening spaces supported with adhesive strips. Lint, compresses, and a broad bandage, with perineal straps to prevent its being displaced, completed the dressing; and our patient was placed in bed.

She did not lose four ounces of blood during the operation; and not a single untoward symptom occurred, except an effort to vomit, just as the dressing was completed. She bore the operation with the most heroic fortitude, scarcely ever uttering a cry or complaint. Her pulse maintained its integrity through the whole operation, which lasted nearly an hour and a quarter. A considerable portion of this, however, was occupied in emptying the cysts through *small canula*, and separating the extensive adhesions. The tumor, with its fluid contents, weighed *twenty-eight and a half pounds*; the solid substance, without the fluid, four and a half pounds.

[Daily notes of the condition of the patient, and the treatment pursued, are recorded from the 14th of April till the 1st of June. A few of these we insert.]

April 15th, 7 o'clock, A. M.—Found our patient very restless; pulse 140, small; skin natural temperature; tongue covered with a white fur; feet cold; pain in the left iliac region; some tenderness over the abdomen upon pressure; moans continually—says “she must die.” Passed urine three times within the last ten hours—very thirsty. Turned her upon her left side, gave 25 gts. tinc. opii, in hopes that it will quiet her—applied warmth to the extremities.

9 o'clock, A. M.—Rests rather better since turning; feels drowsy; pulse 130, with more volume.

10 o'clock, A. M.—Pulse 125. More composed and comfortable.

16th, 2 o'clock, A. M.—Pulse 118, soft and compressible—says she feels much better.

18th, 7 o'clock, A. M.—Cloudy and cold, wind N. W.—commenced raining, and towards evening the snow fell rapidly for one hour. At 5 o'clock, P. M., I was sent for in haste, the patient being alarmed from a sudden discharge from the wound, supposed to be hemorrhage. I found a discharge of sanguineo-serous fluid had taken place from the lower portion of the wound, at the point the ligatures came out. Pulse 110—skin natural. Had three evacuations from bowels to-day, with some tenesmus; complains of aching pain in the back and lower part of abdomen; but little tenderness upon pressure. Urine still passes freely without the aid of instrument. Ordered an enema of starch and tinct. opii, which quieted the bowels, and procured a good night's rest.

On Wednesday, the 19th, Dr. Buckner visited the patient, and made the following record:

"5 o'clock, P. M.—I visited our patient for the first time since the operation. Dressed the wound, most of which is healing kindly by the first intention, discharged about 3 oz. of sanguineo-serous fluid, with very little fætor. Has had two alvine evacuations since morning, with some griping pain. Gave her an enema of starch and tinct. opii; pulse 110, quite soft and regular; temperature of skin natural; thirst much abated; gave a few spoonfuls of toast tea; slept soundly from 7 to half past 10 o'clock; gave toast water again. Passed about 6 oz. straw-colored urine at 11 o'clock—shortly after fell asleep, and rested well until 3 o'clock, A. M., of the 20th. During the sudden change of weather, she became somewhat hoarse, and was inclined to cough occasionally through the night. 20th, 6 o'clock, A. M.—Passed about 8 oz. of urine, after which slept sweetly; begins to crave a more generous diet, and particularly desires whey of buttermilk, two or three spoonfuls of which were allowed her this morning. 9 o'clock—Dressed the wound; about 1 oz. of purulent matter discharged; no swelling of abdomen, and but little tenderness; cut out three of the stitches at this dressing; made slight traction upon the ligatures of the pedicle, which caused a 'sickening pain in the bottom of the belly;' pain subsided in a few minutes; pulse 100, soft and compressible; countenance pallid; skin moist."

20th, 6 o'clock, P. M.—Pulse 100; symptoms all favorable; had one alvine discharge since last visit—very natural.

21st, 8 o'clock, A. M.—Pulse 100, soft. Rested very well during the night. Dressed the wound; found a free discharge of healthy pus from the lower portion. No tenderness over the abdomen, except upon firm pressure. Troubled with flatus; introduced a gum elastic tube a few inches in the rectum, which caused a great discharge of wind.

8 o'clock, P. M.—Pulse 110, small and tremulous; laboring under a severe diarrhœa; discharges of a mucous and bloody character, attended with pain.

R	Morphine,	gr. 1-6
	Calomel,	grs. ij.
	Acet. Lead,	gr. $\frac{1}{2}$ .

To be given every two hours until she is relieved.

May 19th.—I took the last ligature from the pedicle this morning.

June 1st.—Our patient is walking about the yard, her health and strength daily improving.

Dr. Buckner promises a report of another operation performed by him in June last. The tumor was of a fibrous character, and weighed four and a half pounds. The patient died on the fifth day after the operation, from intense peritoneal inflammation.

#### ART. VII. — *The Cholera at the Quarantine in New York City.*

No little apprehension has been felt by our citizens, during the last few weeks, on account of the appearance of the Asiatic Cholera at the Quarrantine. It appears that the disease first made its appearance on board the American packet ship New York, when she was near Cape Sable, on the American coast. The ship had left Havre with 354 steerage passengers on board. There was no cholera in that port at the time the ship left, and no sickness among the crew until the time mentioned above, which was sixteen or seventeen days after leaving Havre. The day the disease first appeared on the ship, the barometer had fallen several degrees, and the weather become much warmer. When the ship reached this port, she had on board eight or ten cases, and several had already died. The sick were removed to the quarantine hospital, and the rest of the crew to the storage houses belonging thereto. New cases continued to occur daily among the pas-



sengers, up to Friday, the 9th inst., since which no new cases have occurred.

The whole number of cases reported is forty, of whom eighteen have died. The disease has been confined almost entirely to the steerage passengers of the ship mentioned—only four or five cases having occurred among the hundreds of other inmates of the hospital and quarantine buildings. And what is singular, all the cases occurring among the passengers, have been those from Paris, where no cholera existed when they left; while the German passengers, direct from cholera districts have been entirely exempt. This certainly settles the question of contagion so far as these cases are concerned. While we are writing, we learn that one case of cholera occurred yesterday morning (Monday, 11th inst.) in a German boarding house, at 136 Greenwich street. He was a German of the lowest order, and in his room were "*eight beds, and filth and stench enough to produce disease at any time.*" He was treated under the direction of Dr. Geer, Resident Physician of the city, and Dr. Reese. He was promptly bled, took 20 grs. of calomel hourly, and was covered with mustard plasters, cayenne pepper, and bottles of hot water; and last evening he was reported convalescent. The City Inspector has declared his intention to visit, and cause to be cleansed without delay, every emigrant boarding house in the city; and the sooner he does it the better. In regard to the duties of both citizens and city authorities, we fully agree with the following report, viz:

#### THE REPORT OF THE MEDICAL COMMITTEE.

At a meeting of the special committee of the Board of Health, held this day, at the Mayor's office, the following report from the medical advisers of the committee, prepared in accordance with the resolution adopted by the special committee, at a previous meeting, was made, which, on motion, was accepted, adopted, and ordered to be published in the city papers.

W. F. HAVEMEYER, *Mayor*.  
NEIL GRAY,  
MORRIS FRANKLIN.

MAYOR'S OFFICE, Dec. 8, 1848.

The undersigned, having been appointed by the Sanatory Committee of the Board of Health to prepare a communication to the public, in relation to the epidemic cholera with which this city is at present threatened, respectfully report that, as yet the disease is entirely limited to the quarantine,

and the hope is cherished that under the protection of a kind Providence, this city may be preserved from its ravages. It is evident, however, that the cause of the disease is hovering in the atmosphere about us, and it therefore becomes a duty to adopt in season all such precautionary measures as may tend, if possible, to mitigate its evils, should it unfortunately assail us. Under this impression they beg leave to make the following suggestions:—

As the whole history of the cholera shows that its diffusion is promoted by all those causes which have a tendency to render the air impure, the first and most important concern relates to the cleanliness of the city. To accomplish this, the undersigned are satisfied that the Board of Health have taken such measures, and will continue to do so, as they trust will be efficient. The Board of Health, however, it is evident, cannot do everything, and the committee would respectfully call upon their fellow citizens to co-operate with them in every possible way in their power. Sources of filth and impurity may exist without the knowledge of the public authorities, and every citizen should feel the necessity of keeping a watchful supervision over his own premises, and when individual efforts are inadequate, to call upon the Board for aid and assistance.

Believing that much may be done in the way of prevention, if not cure, of the disease, in case it should unfortunately attack us, the undersigned would offer a few suggestions of a general nature, founded on experience, leaving the application of them to the good sense and discretion of the community at large.

In the first place, they would advise particular attention to clothing. From the nature of the complaint, it is evident that much depends upon keeping the body warm, and protecting it from sudden exposures to cold and moisture. Flannel next the skin should be a universal article of apparel, and they would respectfully suggest to those charitable associations which are in the habit of supplying the poor with clothing to make this an object of special attention. At this season of the year, too, the supply of fuel to the poor should be liberal.

In the second place, the diet should be particularly attended to. The undersigned would not advise any sudden or great changes in the ordinary modes of living, where these modes are temperate and have been found to agree. Such changes, they believe would do more harm than good. From the peculiar nature of the disease, however, it is well known that certain kinds of food are injurious, and, without going into particulars, they will merely state that all such articles as have a

tendency to relax the bowels ought to be avoided. All crude and raw vegetables, as well as violent purgative medicines, are calculated to do mischief. Excesses either in eating or drinking, cannot be too religiously abstained from.

In the third place, attention to personal cleanliness, by the frequent use of the tepid bath, is particularly recommended.

In the fourth place, the preservation of a calm and composed state of mind is all important, and may do more than is generally supposed in preventing the onset of this disease. It is the result of experience that all epidemics are aggravated more or less by mental disturbance, whether in the shape of active panic or low despondency. To the cholera this is particularly applicable. While our citizens therefore, use every prudential and precautionary measure, let them keep up a good heart and dispel all fear.

In the fifth place, with regard to the treatment of cholera, it may be observed that, as a general rule, the disease does not attack so suddenly as to preclude the possibility of calling in timely medical assistance. A relaxed state of the bowels for a longer or shorter period, gives notice of its approach. In all cases, therefore, when any disorder of this kind exists, common prudence will suggest the necessity of resorting to medical aid. If this be done in season the disease may generally be promptly arrested. When professional aid cannot be immediately obtained, and where simple relaxation of the bowels exists, 15 or 20 drops of laudanum may be taken; to be repeated in one or two hours, according to circumstances. for young persons and children the dose must be reduced according to the age—at the age, say of ten years, 5 drops; at the age of two or three years, 2 or three drops.

Where the symptoms are more severe and the patient is cold, in addition to the laudanum, he should be put immediately to bed between blankets, and every appliance in the shape of bottles of hot water, bags of hot salt or sand, frictions, &c., be diligently resorted to. A strong mustard poultice, too, should be applied over the region of the stomach, to remain on until it produces smarting of the skin. In addition to this, a little brandy and water should be given, with the view of restoring warmth. As in this city no difficulty in obtaining the speedy assistance of a physician can exist, any directions in relation to the after treatment are deemed unnecessary.

JOHN B. BECK, M. D., *Chairman.*

RICHARD L. MORRIS, M. D.

JOSEPH M. SMITH, M. D.

NEW YORK, Dec. 8, 1848.

[*Annalist.*



## PART THIRD.

## FOREIGN INTELLIGENCE.

## PRACTICAL MEDICINE, &amp;c.

- 1.—THE CHOLERA AT ST. PETERSBURG.—*From an official circular of Public Documents and Information, directed by the British Board of Health. To be printed chiefly for the use of Union Medical Officers, Members of Local Boards, and others charged with the execution of the provisions and regulations issued under the authority of the public health act, and the nuisance removal act, 1848.*

The climate of St. Petersburg, especially in Spring and Summer, is damp and relaxing, and the inhabitants are very subject to typhus fever, diarrhœa, dysentery, and scorbutis. The damp and relaxing state of the atmosphere was complained of as being more oppressive this year than usual. On removing to the nearest high grounds one felt immediately relieved from a sensation of great weight and languor, which returned on going back to the city. A regiment of the guards having been brought from the camp on the high grounds to do duty in the city, was severely attacked with cholera, while persons complaining of indisposition, on being sent to the country, soon recovered by the mere change of air.

It will appear evident, from what has been stated, that St. Petersburg was predisposed, by the peculiarities of its topography and climate, to suffer severely from such a disease as the cholera. This predisposition was still further increased by the habits and prejudices of the people.—The month of June, when the disease appeared, is the period of one of their long religious feasts of three week's duration. The people abstain all this time from the use of animal food of every kind, including milk, eggs and butter. The diet consists chiefly of vegetables and fruits, such as cabbages, cucumbers, and other varieties of the pumpkin tribe, dried mushrooms, salads, &c., which are often eaten raw, and dressed with bad oil and vinegar. Their ordinary drink is a sour kind of beer, made of rye meal and malt fermented, called *quass*. They are greatly addicted, also, to the use of ardent spirits. This diet, besides being very lowering for laboring people, is of a nature to create a tendency to bowel complaints. Although the Archbishop allowed the people to dispense with the fast, and the Emperor ordered meat for the soldiers, such was the strong attachment of the lower classes to their accustomed rites, that they generally continued the observance of the fast; and it was often found difficult to persuade them to take even a little broth, although the saving of their lives seemed to depend on their being sustained by suitable nourishment. The people were also very fearful and suspicious of the use of medicine unknown to them, and consequently averse to apply for medical advice, and especially to enter the hospitals.

*Sanitary Regulations adopted at St. Petersburg.*—Nothing could be more wisely devised and ably executed than the sanitary preparations made for the relief of the people by the Board of Health, under the direction of the government. The city was divided into districts, and ample hospital accommodation was provided by appropriating the great-

er part of the existing hospitals for cholera patients, and erecting, where necessary, large temporary hospitals. In all these the best arrangements were made for supplying promptly, baths and other means for applying heat to the body, and an adequate number of medical men were appointed to attend them. There were also medical inspectors allotted to each district, who were to visit the people in their houses as soon as a case of the disease was reported, and attend on those who would not be removed to the hospital. A list of the names and addresses of the medical inspectors was left at the police station of each district, in order that, by enquiring here, the people might obtain prompt assistance at any time, night or day. Very good instructions were printed and widely circulated among the inhabitants, containing all the precautions to be observed as regards diet, clothing, &c., and recommending especially that they should carefully attend to the least appearance of diarrhœa or any other derangement of the digestive organs, as the surest way of warding off the more dangerous forms of the disease. This important caution was recommended in the following terms: "It has been remarked that just before the appearance of cholera in a district, the inhabitants are troubled more than usually by diarrhœa and other complaints, trifling under ordinary circumstances, but which, in the presence of the epidemic, are apt to be neglected, to degenerate into real cholera cases.

*Causes of the Cholera, and mode of Propagation.*—With reference to the much disputed question, whether the Asiatic cholera is infectious or not, I think on an impartial consideration of the circumstances by which its irregular, capricious and rapid progress over large regions of the globe have been attended, that it is difficult to draw any other conclusion, than that the disease originates from some latent influence of the atmosphere on the functions of animal life. The peculiarities in the condition of the atmosphere which exert this influence have heretofore escaped detection; but they are probably of a similar nature to those by which blights are produced in the vegetable kingdom. That it is to an epidemic propagated by atmospheric causes, and not by infection, seems now to be generally admitted. This is the opinion of the members of the medical profession in Russia, so that all attempts to check its progress by quarantine regulations have been given up, more especially since, in 1831, they were found perfectly unavailing. A quarantine of ten days was recently imposed by Sweden, on the appearance of the cholera at St. Petersburg; but the disease has, notwithstanding, broken out in that country, showing how utterly useless are all such measures. One of the circumstances which strongly favor the opinion that the disease spreads by infection was the fact of its following the course of rivers on which there was much traffic; but I have shown that this circumstance can be satisfactorily accounted for by other causes besides infection.

*Appearance and course of Cholera, in St. Petersburg.*—The first intimation of the cholera approaching towards St. Petersburg was the occurrence of some cases on the banks of the Lake Ladogo and the Neva, which issues from it, and on which a large number of the barges bringing merchandize from the interior for exportation descend to St. Petersburg in the beginning of June. One solitary case had occurred about six weeks previous in one of the military hospitals; the man died in twelve hours, and both the symptoms during life and morbid appearances after death were decidedly those of Asiatic cholera. The number of cases in the first week was small, but nearly all died. Among these were two men-servants of the Prince of Oldenburg, who were attacked after eating a supper of cucumbers and salad. Both died; one of them

in about fifteen hours, the other in about four days. The disease increased rapidly the second week, appearing in every quarter of the city chiefly among the poor, but attacking some also belonging to the better classes, both natives and foreigners. It continued on the increase until the fifth week, when it seemed to have reached its acme, and began to decline both in the number and severity of the cases; and according to the public accounts last received, it has continued steadily on the decrease.

*Symptoms of the Disease.*—The disease assumed two distinct forms or stages, one of which was generally characterized by an increased action of the nervous, and sometimes of the vascular system, together with great derangement of the digestive organs; the other by a prostration of the nervous and circulating functions, and a greater or less rapid sinking of the vital forces. In a certain proportion of cases the disease passed through both these stages, presenting many varieties, according to the combination and predominance of the symptoms, either of excitement or prostration. In others, the period of excitement was altogether wanting, and that of prostration characterized the whole course of the disease. The morbid principle which acts as the proximate cause of the disease excited thus, in some cases, an imperfect reaction, followed by prostration; whilst in others it seemed so completely to depress and paralyze the powers of life, that the patient sunk without any effort whatever of the constitution at reaction.

It has been already stated that the first attack was almost invariably preceded for one or several days by some slight derangement of the digestive functions. The stage of excitement was usually ushered in by shivering, giddiness, and great faintness; face dusky and sunken, nausea, painful cramps in the stomach, bowels and extremities; some vomiting; heat in the epigastrium and oppression of the chest. This state was succeeded by some degree of reaction, with increased and severe vomiting, and very copious evacuations from the stomach and bowels, of a thin fluid resembling rice water; these evacuations were completely wanting, both in biliary and fecal matter, as well as free from any offensive smell. The paroxysms of spasms in the extremities and bowels became very severe, were attended with great restlessness and faintness, and the countenance was expressive of intense anguish. The pulse was frequent, hard, and small; the heat of the skin sometimes febrile, but more frequently not above the natural standard, or only partially increased; the tongue furred, generally moist and red, and the thirst intense. These symptoms, which were usually observed in persons of robust constitution, after lasting from about six to twenty-four hours, were succeeded by the period of prostration or cold stage.

In the stage of prostration there was a great and rapid sinking of the general strength and depression of all the functions of organic life, those of the brain alone being only partially impaired, and the intellect remaining clear, though weakened. Thus the whole surface of the body became as cold as marble, and covered sometimes with a clammy moisture; the pulse extremely feeble and often imperceptible; the face sunk and the features contracted to (sometimes) nearly half their natural size; the eyes sunk deep in their sockets, and surrounded by a dark circle, and the pupils generally dilated; the cheeks, hands, feet and nails assume a leaden blue or purplish color, and likewise, though in a less degree, the entire surface of the skin, whose functions seemed completely paralyzed.

One remarkable phenomenon was the sudden collapse of the soft parts of the body, the effect necessarily of all the vessels being nearly



emptied of their fluids, and of the rapid absorption of the adipose substance, so that patients were reduced, sometimes in twenty-four hours, perhaps one-third or more of their previous size. The skin of the hands and feet were shrivelled up, the violence of the cramps usually diminished, though not always, and they were limited to the hands and feet, which often remained contracted after death. The vomiting and diarrhoea were also less urgent; the tongue was moist, flabby and cold; the respiration hurried, or else slow, and much oppressed, with frequent deep sighing; the breath cold, the voice plaintive and reduced almost to a whisper. There was great heat, oppression, and anguish in the epigastrium and about the heart, to which regions all the suffering was referred; considerable restlessness, thirst intense, urine so very scanty as to be nearly suppressed. Patients in this state of sinking expired sometimes suddenly, without a struggle, and almost while in the act of speaking, preserving entire possession of their mind to the last, and the pulse having also ceased to beat many hours before death.

The duration and severity of these two stages of the disease varied greatly according to the age, strength, and previous state of health of individuals. In the largest proportion of cases, and especially in the old, in those whose constitutions were impaired by bad food or previous disease, in habitual drunkards, and delicate children, the symptoms of excitement were only slight, and often altogether wanting.

The disease in a few cases set in suddenly, with great prostration, terminating in death, without any reaction, in the course of six or eight hours. This was its most malignant and appalling form, well designated by the French, *Cholera foudroyant*. There was sometimes very little vomiting and diarrhoea in such cases, the prominent feature being prostration and cramp.

When reaction took place, either spontaneously or by the aid of remedies, this did not always terminate in restoration to health; but the cholera was often succeeded by various cases of *secondary* disease; the most frequent of these was typhus fever, between the congestive state of which, and the force of the morbid derangements of cholera, there is considerable analogy.

Gastric fever and dysentery were, also, not of unusual occurrence; and there were some cases of sub-acute pneumonia.

Several fell victims to the cholera in St. Petersburg, in consequence of having transgressed the rules of diet essential during such a season.—An elderly lady, having eaten salad at supper, was taken ill the next morning, and died of the cholera in eighteen hours. Gen. Chambeau, private secretary to the Empress, a gentleman advanced in life, having caught a chill by incautious exposure to a cold wind on board a steamer, was seized with a diarrhoea and symptoms of sinking the same evening, and died in about eighteen hours. A lady in high station setting at defiance the cautions against fruit, indulged freely her wish for strawberries; she was suddenly taken very ill of the cholera, and her life was in the greatest danger, though hopes were entertained for her recovery when I left St. Petersburg. I frequently heard of persons being attacked, and losing their lives after committing some imprudence in diet. It is important to remember that many things which agree with a person in ordinary times, may disagree during the prevalence of such a disease as the cholera, in consequence of the increased susceptibility of the bowels. The disease was brought on in others by fear; the son of a respectable bookseller returned from college to his family in good health for the vacation in June; he became so panic-struck on the breaking out of the

cholera, that he could not be prevailed on to go out of the house, and objected even to the windows being opened, for fear of letting in the contaminated air. After some time he was suddenly seized with the disease in its most malignant form, and died in about twelve hours.—*N. Y. Annalist.*

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## 2.—Cold Douches in the Treatment of Intermittent Fever.

M. FLEURY has presented a memoir to the French Academy of Sciences, on the use of cold douches in ague.

He was led to these researches by the assertion of Dr. Currie, that the accessions of ague might be prevented by the affusion of cold water, and that by its repetition four or five times, the disease might be entirely cured. M. Fleury has employed this means one or two hours before the expected paroxysm, in the form of a general douche, and in that of a local one to the region of the spleen.

The ends attained by the above plan he believes to be—1. A shock exerted on the nervous system, and on the general capillary circulation. 2. The opposing of a vigorous reaction and general stimulation of the surface to the cold stage of the fever. 3. A modification of the circulation of the spleen, combating congestion of that organ.

He has pursued this treatment in eleven cases of intermittent fever. In seven of them the disease was recent, and there had been but from three to seventeen paroxysms; quinine had not been administered in any one. In two cases, the spleen preserved its normal size; in five, it was enlarged: a cure was effected in all. In one, a single douche sufficed to cut short the fever. In two others, two effusions were necessary to do so, and to restore to the spleen its natural dimensions. In the remaining four, effusion was practised three times.

In those patients where two or three douches were used, the effects produced were constantly the same. By the first application, the accession was retarded two or three hours; the rigors less violent, and shorter by one-half or five-sixths the time; the heat and headache were equally lessened; and the total duration of the fit was diminished by at least one-half. Age and the type of the fever did not exercise any appreciable influence over the effects of the treatment. Where, however, the volume of the spleen was larger, the time required for the cure was augmented. Four patients had suffered from the disease for from two to eleven months, having had several relapses, and resisted the action of sulphate of quinine, and presented the anæmia, emaciation, anorexia, &c., seen in those who have been long affected by ague. Three douches were required in two of these cases, and five in one other, to remove the fever; but from eight to eleven were necessary to cause the splenic engorgement and the cachectic symptoms to disappear. In one case the liver was very greatly enlarged; but this condition disappeared by perseverance with the effusions.

M. Fleury arrives at the following conclusions:—1. In the treatment of recent intermittent fever, simple, and with little or no engorgement of the spleen, cold douches may be substituted for quinine. 2. In the treatment of old-standing ague, where several relapses have occurred, and there is considerable enlargement of the spleen, or of the liver, with

a cachectic condition, cold affusions are to be preferred to quinine; for they cut short the fever, restore the viscera to their natural volume, and remove the cachexy more rapidly and more safely than quinine; the latter, in large doses, not unfrequently acting injuriously upon the nervous system, or on the digestive organs.—*Bulletin des Académ., and Lancet. Ranking.*

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### 3. Pathology of Intermittent Diseases.

Dr. AMAND BEAUPOIL has just published, in the *Gazette Médicale*, an extremely interesting paper, wherein is treated the disputed question of the localization of intermittent fever. It would give us pleasure to analyze this dissertation fully, for it is worthy of notice; but we are obliged, for want of space, to confine ourselves to the conclusions:—

1. The seat of the intermittent phenomena cannot be placed in any organ, or system of organs, to the exclusion of others.
2. The intermittent may become connected with any other affection, and form with it a sort of unity or special morbid entity: the disulphate of quinine is a specific for this compound intermittence, as well as for simple ague.
3. Intermittence is often combined with an organic affection, in the manner of complication; it behoves us then, to administer the specific remedy simultaneously with the means indicated by the organic lesion. The treatment ought, in fact, to be double.
4. When the intermittence is independent of any organo-pathological modification, it seems to affect the sensitive portion of the nervous system especially; there appears to be an exaggeration of the physiological rhythm of organic contraction and expansion, and this state produces an alteration in the amount and variations of animal heat, and constitutes intermittent fever.
5. It will, then, be seen that ague may be simple, compound, or complicated.
6. The intermittent phenomena may be attributed to the effect of miasmata on the economy; the noxious emanations being modified by periodic alternations of heat and cold, of dryness and humidity, of light and darkness, of sleep and waking, and of all influences which act in the same way.
7. The nervous element evidently plays an important part in the production of intermittence, brought on by the causes just mentioned; it seems, indeed, that the influence of this nervous element is altogether indispensable.
8. Enlargement of the spleen is the *effect*, and not the *cause*, of intermittent fever; it is an indication for large doses of quinine.—*Lancet.*

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## SURGERY.

### 4.—How to prevent Bedsores.—By Dr. PUREFOY.

THE following ingenious method of preventing those dreadful specimens of disease or neglect sometimes presented in even our best-regulated institutions, is suggested by Dr. Purefoy, in a former number of the Dublin Medical Press. The doctor may be allowed to describe his practice in his own words:—



“Having lately to treat a case of compound fracture of the tibia in an old man, the leg was comfortably placed upon the double inclined plane, and the case went on very favorably for some days, when it was thought that the leg must be placed upon the side, in order to relieve intolerable pain of the heel, and to obviate sloughing of the integuments. In this dilemma, it occurred to me to try to support the heel upon a bladder partially inflated, since pads failed completely in affording the desired relief. An ox bladder, previously moistened in tepid water, and afterwards oiled, was placed under the heel in a flaccid state, and subsequently filled gently with air, so as to give the heel the necessary elevation, and promote, as far as might be, the comfort of the patient. The experiment was successful beyond my most sanguine hope, as the air flowed underneath and upwards by the sides of the foot and ankle, thus affording an unusually agreeable and secure support to the foot and instep, at the same time relieving the heel from undue pressure: the old man exclaimed in a rapture, ‘O, sir, I’m in heaven;’ suffice it to say, that by renewing the bladder once only, the cure was perfected so far at the end of a month that the patient could leave his bed, and during this time he was completely relieved from the intolerable pain which at first was so very troublesome. I have lately prevented the occurrence of bed-sores, by the aid of a bladder placed under the buttock, and rolled up in a soft napkin, having previously been partially filled with air, although the patient had been for nearly two months lying upon his back, suffering under extensive gangrene, as the result of extravasation of urine.”

*Lancet.*

#### 5.—On Distortions of the Spine.—By BRANSBY COOPER, Esq.

[WHEN these distortions arise from softening of the bones, Mr. Cooper repudiates the use of all such mechanical means as prevent the patient from taking gentle exercise in the open air. He says.]

The disease is a constitutional defect in healthy nutrition, and can be remedied only by the improvement of the general health, although it is true the application of simple mechanical means may aid this object so long as it does not interfere with the natural and vital functions of life. Use common sense, therefore, and bear in mind however the preponderance of physical disturbance to the natural functions of the spine may attract your attention, this state is only a result of a general constitutional deterioration, and that without the improvement of health no good can be effected. The remedies must (to be useful) be directed to the removal of the cause of the disease, and not to the effects. You should do all you can to strengthen the assimilative powers; and as there is every reason to believe that the nutrition of bone is most at fault, means should be adopted, as far as diet and medicine can avail, to remedy the evil.

Such diet, for instance, should be enjoined as contains most phosphate of lime; beef and mutton, and what is termed secondary bread, are therefore advisable: and phosphoric acid should at the same time be prescribed for the purpose of its union with the lime, rendering it capable of being more easily absorbed. Bottled porter will also assist in improving the constitutional powers of the patient; and care should be taken that

the bowels are not relaxed so as to carry off the lime too quickly, instead of leaving it to be taken up by the absorbents of the intestinal canal.—The physical treatment indicated is to support the weight of the trunk by the most simple mechanical means competent to relieve the affected bones; and such muscles should be put into gentle action as have a tendency to counteract the unnatural direction the bones may have acquired from the influence of the existing abnormal causes, viz., the undue disposition of the weight and altered muscular action.

Patients laboring under this affection should be frequently in the open air, and they should be permitted to take gentle exercise, but they must avoid most cautiously the slightest fatigue either of body or mind; riding in an open carriage, or sailing on the sea, is the very best kind of recreation which can be adopted.—*Medical Gazette in Braithwaite.*

## PART FOURTH.

### BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—THE PRINCIPLES AND PRACTICE OF MODERN SURGERY.—By ROBERT DRUITT, *Fellow of the Royal College of Surgeons. A new American, from the latest London Edition—Edited by F. W. Sargent, M. D. Illustrated with 193 wood engravings*—8 vo. pp. 576. Philadelphia, Lea and Blanchard. 1848.

“Druitt’s Surgery” is too well known to the American Medical Profession to require its announcement anywhere.—Probably no work of the kind has ever been more cordially received, and extensively circulated than this. The fact that it comprehends in a comparatively small compass, all the essential elements of theoretical and practical Surgery—that it is found to contain reliable and authentic information on the nature and treatment of nearly all surgical affections—is a sufficient reason for the liberal patronage it has obtained. The work before us is a new edition, greatly enlarged and extended by the author—its *practical* part having undergone a thorough revision, with fifty pages of additional matter. The editor, Dr. F. W. Sargent, of Phila., has contributed much to enhance the value of the work, by such American improvements as are calculated more perfectly to adapt it to our own views and practice in this country. It abounds everywhere with spirited and life-like illustrations, which to the young surgeon, especially, are of no minor consideration. Every medical man frequently needs just such a work as this, for immediate reference in moments of sudden emergency, when he has not time to consult more elaborate treatises. Its mechanical execution is of the very best quality, and as a whole, it deserves and will receive from the profession, a liberal patronage.

H.

2.—ELEMENTS OF NATURAL PHILOSOPHY.—*Being an experimental introduction to the study of the Physical Sciences.* By GOLDING BIRD, A. M. M. D., F. R. S., &c. &c.; with 372 illustrations, from the revised and enlarged third London edition. Philadelphia, Lea & Blanchard. 1848.

A general knowledge of the subjects treated of in this work, has long been considered indispensable to a sound and liberal education. To the medical man of the present day it is of especial importance, as the relations of physical philosophy with every department of medical science, are, as each advances, becoming more and more intimate.

We are pleased to see this excellent American reprint of our author. The subject has been too generally neglected by medical students, who rarely have time to wade through more diffuse and comprehensive treatises, while the knowledge here presented is enough to enable him to understand its importance, and appreciate its application to theoretical and practical medicine.

The author, in his preface to the first edition, observes "that utility and extreme simplicity, rather than elegance of style, were sought for." In our opinion, all three have been attained, in an eminent degree.

The work now presents as complete a view of the present state of the physical sciences, as is well consistent with its limited design; and is in all respects the best elementary treatise on those subjects with which we are acquainted. C.

3.—AN INTRODUCTORY LECTURE to the *Medical Class of the University of Louisville.* By LUNSFORD P. YANDELL, M. D., *Prof. of Chemistry and Pharmacy.* Louisville, Oct. 16, 1848.

INTRODUCTORY LECTURE delivered to the class of the *Starling Medical College;* Nov. 1st, 1848. By Prof. MERRICK.

AN INTRODUCTORY LECTURE on the *Coinciding Tendencies of Medicines.* By JARED P. KIRTLAND, M. D., *Prof. of Theory and Practice, &c., in the Medical Department of the Western Reserve College at Cleveland, Ohio.*

We like the plan of giving Introductory Lectures in our Colleges, and of publishing them by the Classes. Although there are many thoughts which have been often used, many facts which have been often quoted, and many incitements to professional industry which have been frequently held up before the student, they are none the worse for that. Our Lord's Prayer is no nearer worn out than it was eighteen hundred years ago, and the great truths and principles which form the basis of all honorable character, whether professional or otherwise, cannot be too often dwelt upon. Some of our choicest specimens of writing and reasoning are in the shape of Introductory Lectures.



The first of the above lectures by Prof. VANDELL, is somewhat discursive in the topics it touches upon, but this perhaps, is allowable in a general Introductory. The history of the American Med. Association,—its resolution in relation to preliminary education—education in general and in the Latin and Greek in particular—professional education—the science of medicine—its progress—new discoveries—the function of the spleen according to Bernard—Physical Diagnosis—the Letheon—Chloroform—local anæsthesia—and last, the impressive truths of modern science revealed by Geology—the Corals, Crinoids and Trilobites, &c., are all more or less dwelt upon. The lecture is certainly a suggestive one, and was doubtless interesting in its delivery.

Prof. MERRICK endeavors to excite in the minds of his hearers a laudable ambition to excel, and to point out the true methods of pursuing professional study.

“The first object should be to acquire a thorough knowledge of the facts and principles upon which medical science is based.” In the pursuit of this knowledge “be careful to discriminate between what is true and what is false. Error is not merely negatively injurious, in that it excludes truth, and thus prevents right action, but it is positively injurious in that it leads to wrong.” The medical student is specially cautioned to be on his guard, on account of the intrinsic difficulties in his path. He should enter upon the study and pursue it with a mind unbiassed by prejudice, and neither indiscriminately absorb and give out like a sponge whatever is heard or read, or with a blind and self-important scepticism give full credence to nothing.

There is much of truth and good sense well expressed in the following extract:

“There is another class, who pursue a course little less objectionable than that of either of those I have named. I refer to such as are in the practice of forming opinions upon subjects before investigation, and having adopted them they know not why, adhere to them for the same intelligent reason. Their reading and observation may be extensive; and they may not be without their claims as eclectics—culling, as perhaps they do, something from almost every system; but the only condition upon which any opinion is adopted is agreement with their own. These constitute their standard of truth. What coincides with them is true, what does not is false. With so simple a rule of logic, they readily arrive at conclusions, and appear never to be disturbed by any doubts as to their correctness. Where others hesitate, they are confident; where the keenest intellects can only discern men as trees walking, all is to them as open vision. Every argument that recognizes not the infallibility of their universal syllogism, goes for nothing. Even the long and well established principles of science, not falling in with their views, are laid aside as unquestionably false; and as for facts, they regard them in much the same light as the French Philosopher, who, when assured that facts were opposed to his theory, replied with the utmost nonchalance, ‘so much the worse for the facts.’”

Truth is what the student needs, though it is often difficult to distinguish and discriminate it from error. In order to do this he should "conduct his studies upon philosophical principles." Great attention should be paid to phenomenal truths, which constitute the basis of all true science. Having ascertained these, they should be, as far as possible, classified, and principles deduced from them. This cannot be perfectly and entirely done with all medical facts, and therefore medicine must ever be, in a measure, an uncertain science.

On the whole, the lecture of Prof. Merrick is a stirring, useful, and earnest one, and well calculated to stimulate, encourage and benefit those to whom it was addressed.

The "COINCIDING TENDENCIES OF MEDICINES" is the title of the third lecture. This title needs some explanation. The author does not refer to the coinciding tendencies of medicines, one with another, but with *disease*. He observes that "every agent, capable of making an impression, if employed during the existence of disease, will exert some influence. It will either *counteract*, or *coincide*. In the one event, it will either diminish, or cure the disease; in the other, augment or modify it, into some anomalous, and more malignant form. The result will depend on the contingencies, whether the article is indicated or contra-indicated, and skillfully or unskillfully employed." Medicines will do either good or harm. "Thousands have died by the weight of *placeboes* superadded to the original disorder." Functional and organic changes may occur from disease, which may create susceptibilities that do not exist in health; hence what might be harmless in the latter condition, might, by coinciding with the morbid impression, be of much disservice in the former.

The circumstances under which medicines will "coincide," are stated under several heads. These are, 1st. If not adapted to the fulfilment of the indications. 2d. If not adapted to the grade of the disease. 3d. If not timed to the stage of the disease. 4th. If disproportioned in power, to the amount of disease. 5th. If employed under a false Diagnosis. 6th. If their use be continued after they have accomplished certain changes in the system. 7th. If disproportioned in power to the amount of vitality remaining in the system. 8th. If not suitably qualified. 9th. Remedies may show evidence of the coinciding effects, remote from the time they are employed.

It must be confessed that very many of the difficulties in the way of the successful practice of medicine, consist in the proper appreciation of these circumstances. These difficulties are, many of them, clearly and concisely stated. We cannot go farther into an analysis of the lecture before us. We regard it as a useful and practical one, and are glad to see it in a permanent form. We might quarrel somewhat with the term the author selects, "coinciding," but with his explanation, it can scarcely mislead.

4.—*An Inquiry into the Degree of Certainty in Medicine; and into the Nature and Extent of its Power over Disease.* BY ELISHA BARTLETT, M. D. Prof. of the Theory and Practice of Medicine in Transylvania University; member of the American Academy of Arts and Sciences, etc. etc. Philadelphia, Lea and Blanchard 1848. pp. 84.

The above is the title of a thin volume recently issued from the prolific press of Lea and Blanchard. So much is said by every body, in the profession and out of it, of the uncertainties of medicine—so many are decrying legitimate medicine, and attempting to build up all sorts of humbug, because of these uncertainties, that we welcome any attempt to place in their true light, the capabilities of the healing art. Much of the error, misconception and abuse heaped upon medicine, arises from a misapprehension of what it is capable of performing, and of the inherent difficulties in the way of the application even of its plainer and more settled principles. A patient has a severe disease of any description, say a pleurisy. No therapeutical fact is better settled, than that bloodletting exerts a very marked control over pleuritic inflammation.—If a patient has pleurisy then, shall we bleed him? This question does not admit of a categorical answer, and therefore, there is uncertainty. The age, sex, season of the year, kind of attack as sthenic or asthenic, stage of the disease, condition of the patient, coexisting disease, and a host of other circumstances are all to be taken into the account, weighed, digested, and after all, the answer to this very simple question must depend upon the discrimination and judgment of each individual practitioner. Pleurisy is a disease, the pathology and treatment of which are well understood, and in relation to which, there is, perhaps, less of uncertainty and difference of opinion than in almost any other affection.

The modern discoveries in pathology are of immense importance. No department of medicine is more rapidly advancing towards perfection, than therapeutics, which is the end and aim of all pathological studies; and yet perfection will never be attained. If one man practices medicine with a good degree of certainty, he cannot teach another to do so to an equal degree, infallibly we mean, unless he can furnish to order, brains as well as knowledge.

We are glad to see this little treatise of Prof. Bartlett. Such an essay was needed, and we hope it will be extensively read. It is not, it is true, as full and extensive as it might be;—it professes only to indicate the mode of reasoning adopted, and this may be accomplished as well in eighty as eight hundred pages. It is written in an easy, graceful, and somewhat imaginative style, which we like, whatever others may say. The subject was not one requiring a careful blocking, weighing and fitting of words, and a rigid exclusion of every superfluous one, and the author has therefore allowed his pen, which few wield with a stronger hand or a clearer head, some license.



The able but exceedingly unfortunate article of Dr. Forbes is referred to, and the author proposes to present to view the other side of the picture, which he neglected to draw.

"The canvass which now stands upon my easel," says he, "is placed there to receive, at least the outlines, and some of the leading and more prominent features of this second picture. I have waited, I think, long enough, for Dr. Forbes, or for some one else better qualified than myself, to do the work which I have here undertaken. If Ulysses is not present in the field to bend his own bow, some weaker arm from the camp must essay the enterprise. It seems to me high time, that a clear and earnest word should be spoken for the science which we study and teach, and for the art which we inculcate and practice. The interests of truth, of our profession, and of humanity, alike demand that the legitimate claims of medicine to the regard and confidence of mankind should be vindicated and maintained."

Anatomy, Physiology and Chemistry are upon an equal footing with Geology, Botany, and even Astronomy. The charges of inefficiency and uncertainty then, refer mainly "to that department of medical science, designated by the terms *pathology* and *therapeutics*. This department is constituted by the phenomena and relations of disease; it embraces all these phenomena, and all these relations. It professes, and claims to consist of, a knowledge of the causes of disease, of the seat and phenomena of disease, and of the means of preventing, mitigating, and removing disease. The charges against our science are, that it deceives itself in this matter,—that its pretensions are either altogether false, or greatly exaggerated,—that its knowledge of disease is vastly less than it professes to be,—and especially, that its power of curing and of mitigating disease has been immensely over-estimated and over-stated. These charges sometimes deny altogether the existence of this power, although, in most instances, they content themselves with the allegation that it is very limited in extent, and very uncertain in its application."

Before proceeding to discuss these charges, it would have been well if our author had paused for a few moments to consider the source from whence they, for the most part, come. From whence arises all this hue and cry against the regular profession of medicine? Educated physicians, those who alone are capable of judging in the premises, do not claim infallibility for their science, and readily acknowledge the too frequently recurring powerlessness of their art, but they believe and know that what human learning and human skill, in its present stage of progress, will permit, they can accomplish. Is it not notorious that the greater portion of all the senseless clamour we hear, is raised by the very persons least likely to give reliable testimony? In a court of justice, an interested person is not permitted to act as a witness, but in the great world, where the jury is the public, and where the subject is one in which all mankind are deeply interested, and concerning which but few are enlightened as they should be, he who occupies most of the public

eye, and cries the loudest in the public ear, is he whose pocket-interests are at stake, and who is himself the promulgator or advocate of some new doctrine or nostrum which is to drive disease and all its horrors from the world. We are a reading people. Every man who can read at all takes the newspapers. These are as necessary to him, almost, as his daily bread. Thousands are simple enough to believe that a lie cannot or will not be put in print, and religiously give credence to all they read. What meets these millions of eyes every time the favorite sheet is opened? The answer is too obvious to our readers to require comment.

These charges, alike with the promises and deceptions of infamous pill-mongers, have poisoned the minds of a considerable portion of the less informed of the community, and somewhat weakened the reasonable faith of others. Men are more sensitive and more easily led astray upon the subject of their health than upon any other. If an assertion is made, no matter how ridiculous or impossible, multitudes believe it, because *they* cannot reply to it. As is said by Bishop McIlvaine we believe it is, in reference to the objections of infidels to christianity, so of many of those against medicine, a volume is often necessary to answer fully a single objection; the latter meets and poisons many minds, which the former never reaches;—the bane is received and believed without effort, the antidote requires thought and study for its application.

But there is another class, among whom it has become quite fashionable, of late, to speak disparagingly or sneeringly of our profession. We allude to that highly intellectual portion of the literati *par excellence*, whose transcendentalism is so exquisite, that all their finer sensibilities are sadly shocked at the bare idea of human blood, or vulgar physic.—Ipecac and castor oil must be spiritualized,—puking and purging are unbearable abominations,—even children are to be born in the dark and an utopian refinement is to overspread and envelope us, which will distil our common humanity into the quintessence of—most impracticable and contemptible foolery. As long as we live, we must eat, drink, and obey the calls of nature, and though excessive refinement may have its uses, yet, like love, it must be fed on—vulgar bread and butter. Folly doesn't place her cap alone upon the heads of the ignorant. Latin and Greek do not necessarily confer sense, nor mathematics wisdom; neither does a profound knowledge of theology confer legal acumen, or an enlarged experience in law give skill in physic. The opinions of the learned, when they affect to judge of subjects upon which they are as profoundly ignorant as the veriest boor, are entitled, in reality, to quite as little weight. Miss M., Miss B., or Lord L.—on Hydropathy, are about as good authority in physic, as Davis, of clairvoyant notoriety is in relation to the geography and inhabitants of Jupiter. It is unnecessary to pursue this subject further.

In order to illustrate the kind and degree of our positiveness in relation to disease, and the measure of certainty and constancy with which we are able to control, to mitigate or remove it, Dr. Bartlett selects, very properly, a single disease, viz, *pneumonia*, or inflammation of the substance of the lungs. The pathological or anatomical history of this affection is briefly and graphically related, with the symptoms and physical signs by which the anatomical changes are to be recognized in their various stages. The accuracy of our knowledge of the progress of pneumonic inflammation is thus clearly and beautifully stated.

“By the aid of these acoustic phenomena, (physical signs,) we can fix upon the exact portion of the lung which is the seat of disease; we can mark out its boundaries; we can follow these boundaries inch by inch, as they advance, and invade new parts of the lung; we can follow the natural progress of the inflammation from its first to its second period, and back again in its retrograde march towards health. We know the precise moment of time, when the air-vesicles are so blocked up, that no air passes into them, and the precise moment, also, when they are again opened to admit it. The roar of conflagration does not mark more clearly, the passage of the raging element from chamber to chamber of a burning house, than does the fine dry crackle of the crepitant rhonchus, the presence and march of inflammatory engorgement of the lungs.”

Pneumonia is a grave affection, and one that frequently destroys life. Our prognosis will depend upon a variety of circumstances, and it cannot be absolutely certain until the “uncertainty of human life” ceases to be a proverb. From puberty to the age of thirty, the danger is comparatively slight, not more than about one case in fourteen, in a large number, proving fatal. In infancy and old age, it is much more fatal. Beyond the age of seventy, more than half the cases terminate in death.

After considering quite fully, the present state of our knowledge in reference to pneumonia, our author proceeds to consider “the nature, the degree and the certainty of our power over disease,” and for the purpose of illustration, makes use of the same affection. Different remedies are discussed, with the experiments in their use, and the numerical results, as far as these have been obtained. The account of the effects of bloodletting, particularly, is very full. The experiments of Louis, of Jackson, and Grisolle are referred to, and the conclusion drawn from them, as well as the general experience of the profession, that bloodletting, in the great majority of cases does exercise a marked and decisive control over pneumonia. It is, however, entirely certain “that many cases of pneumonia terminate naturally and spontaneously, so to speak, in health, quite independent of any active medical treatment.” Others again, “will terminate fatally, notwithstanding any assistance which art may furnish, and in defiance of this assistance.” There is also a third class of cases occupying a middle ground “and not tending necessarily either in one direction or the other, not terminating naturally in recovery, nor inevitably in death.”



We cannot follow our author farther in his investigations. His conclusions in relation to the treatment of pneumonia are stated as follows:

First:—The science of medicine, so far as pneumonia is concerned—although, like other natural sciences, still unfinished and progressive—is, to a very satisfactory extent, settled and positive; the principal phenomena and relations of this disease, have been well and accurately ascertained; its natural history is, in a good degree, and to a considerable extent, complete.

Second:—Medical art, so far as pneumonia is concerned—although not endowed with absolute and unqualified power—is still of great and unquestionable utility. Through the agency, principally, of bloodletting and antimonials, as its most active means, it lessens the severity of the disease, shortens its duration, and in many instances prevents its termination in death."

We have already extended this article beyond its intended limits.—We should be glad to give an analysis of the remainder of the book, but cannot. The "Inquiry" is conducted in a candid, earnest and philosophical spirit, and we hope we have already said enough to induce every reader of ours to become a purchaser. He cannot arise from its perusal without a higher and more just appreciation of the science and the art of medicine, and his impressions will be none the less pleasant, we are sure, from the genial and truthful spirit which shines out on every page. Wishing this little brochure a widely extended circulation, we take leave of it by quoting a portion of the author's concluding reflections.

"I think that medical art as it has been embodied in the lives and labors of its professors, during two thousand years, has been worthy of its high vocation, true to its great trust, faithful to its almost divine mission, and that this is more true of it now than it ever was before. I claim for it no exemption from the imperfections and frailties of all human concerns. I am very willing to admit that the personal conduct, and the scientific, professional, and general attainments of medical men have not always come fully up to the requirements and obligations of their position. Knaves find their way into all places, and

"Fools rush in where angels fear to tread."

"Snobbishness, in the comprehensive meaning which Punch, in his genial pages of mingled wit and wisdom, has recently given to the terms is not confined to the other ranks and occupations of life; so much of, it as appertains to the liberal professions has not been monopolized by the pulpit or the bar. Ignorance every day puts on the mask of knowledge, and pompous inanities pass current for the profoundest wisdom. Huge piles of stubble and rubbish are every year heaped up into shapeless ugliness, the fond builders believing all the while that they are rearing temples of adamant and marble, and the work goes bravely on to the admiring sound of braying asses, mistaken for the music of eternal fame. Sangrados ply the lancet and warm water in Paris as they did in Salamanca, and Sganarelles reason in the pages of the last journal as they do in those of Moliere. Nevertheless, and notwithstanding all this, it is none the less true, that the obligations of the world to the science and the art of medicine, as they have been taught and prac-

ticed, are beyond all measurement or estimate. There is no process that can reckon up the amount of good which they have conferred upon the human race; there is no moral calculus that can grasp and comprehend the sum of their beneficent operations. Ever since the first faint dawn of civilization and learning, through

"The dark backward and abysm of time,"

they have been the true and constant friends of the suffering sons and daughters of men. Through their ministers and disciples, they have cheered the desponding; they have lightened the road of human sorrow; they have dispelled or diminished the gloom of the sick chamber; they have plucked from the pillow of pain its thorns, and made the hard couch soft with the poppies of delicious rest; they have let in the light of joy upon dark and desolate dwellings; they have rekindled the lamp of hope in the bosom of despair; they have called back the radiance of the lustreless eye, and the bloom of the fading cheek; they have sent new vigor through the failing limbs; and finally, when exhausted in all their other resources, and baffled in their skill—the handmaids of philosophy and religion—they have blunted the arrows of death, and rendered less rugged and precipitous the inevitable pathway to the tomb. In the circle of human duties, I do not know of any, short of heroic and perilous daring, or religious martyrdom and self-sacrifice, higher and nobler than those of the physician. His daily round of labor is crowded with beneficence, and his nightly sleep is broken that others may have better rest. His whole life is a blessed ministry of consolation and hope. Sweeter than the water-brooks to the panting hart are his kindly voice and his affectionate smile to the lonely presence of sickness, sorrow, and pain.

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5—PRINCIPLES OF MEDICINE; *Comprising General Pathology and Therapeutics and a brief General view of Etiology, Nosology, Semeiology, Diagnosis, Prognosis and Hygiene.* By CHARLES J. B. WILLIAMS, M. D., F. R. S., &c. Edited with additions, By MEREDITH CLYMER, M. D. Fellow of the Philadelphia College of Physicians, &c. Third American from the Second and enlarged London edition. Philadelphia: Lea & Blanchard, 1848.

We can do little more than announce to our readers that a new edition of the very valuable work of Prof. Williams, has been called for, and to state that it contains important additions and improvements, which render it still more worthy of their perusal. The author says in his preface that these additions pervade almost every portion of the work, but they preponderate in the chapters on Etiology and Pathology, and a whole chapter has been added on Hygienics. The able American editor has made some important additions, especially to the section on Semeiology, where they were obviously needed. Few books have proved more useful or met with a more ready sale than this, and no practitioner should regard his library complete without it.

- 6.—*A Dictionary of Medical Science, &c.* By ROBLEY DUNGLISON, M. D. Prof. of the Institutes of Medicine, &c., in the Jefferson Med. College, Philadelphia. Seventh edition carefully revised and greatly enlarged. Lea & Blanchard. 1848.

The Dictionary compiled by Prof. Dunglison is so well known and highly esteemed, as to be almost independent of the commendations or censures of the Medical press. The present edition is considerably enlarged and rendered more complete by the incorporation of some six thousand additional words. The physician or student will rarely find a term bearing any affinity to medicine or surgery, which is not contained in its ample pages.

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- 7.—*On the Blood and Urine.* By JOHN WILLIAM GRIFFITH, M. D., F. L. S., &c. G. OWEN REES, M. D., F. R. S., F. G. S., &c., and ALFRED MARKWICK, M. D., &c. Philadelphia: Lea & Blanchard. 1848.

The publishers have combined and reprinted in one volume, three distinct treatises; the first on the "General, Chemical and Microscopical characters of the Urine and its deposits both in Health and Disease, and of the Blood, by Dr. Griffith; the second, on the Analysis of the Blood and Urine in Health and Disease and the Treatment of Urinary Diseases, by Dr. Rees, and the third "A Guide to the Examination of the Urine in Health and Disease, for the use of Students, by Alfred Markwick, M. D."

The progress which has been made in our knowledge of the pathology of the blood and urine would seem to call for distinct works devoted to these fluids. The minute experiments and elaborate researches of many of our ablest pathologists cannot be repeated by the mass of practitioners; indeed it is not necessary that they should be. The results, if they are proved to be true, are what we need, and are all that most of us have time to acquire. In the words of Liebig, when speaking of the researches of mechanical philosophers and chemists, "the result of every such investigation, if it bear in any degree the stamp of perfection, may be given in few words; but these few words are eternal truths to the discovery of which numberless experiments and questions were necessary."

We are glad that this work has been issued. Too many practitioners have neglected to a considerable degree, the important departments of Physiology and Pathology of which it treats. If it does its part toward preparing the way for a single, compendious, practical treatise, aside from its intrinsic merit, it will do much good. Such a treatise is, we think, much needed, and none that we have yet seen, answers fully our description.



## PART FIFTH.

## EDITOR'S TABLE AND MISCELLANY.

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COLUMBUS, JANUARY 1, 1849.

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Many happy new years to you all, kind friends and patrons! Though our intercourse has been short, it has thus far been pleasant, and we already find a real pleasure in our accustomed chit chat. We greet you at your firesides only for the third time, and yet we come in with the easy familiarity of one with whom you "have been long acquaint." Long may this intercourse continue to our mutual pleasure and profit, and may no cloud for a moment intervene between us and your good will.

We took our seat in the "arm chair" with many misgivings. We felt strong only in one thing, the sincerity of our desire to do something for the advancement and elevation of our profession—to leave at least some "footsteps on the sands of time." We believed that there was ample room for another medical Journal in Ohio, and that, if properly and prudently conducted, it would do much good, and no harm. We knew that enough of talent was lying idle—enough of material was being wasted, to fill our columns, were they twice as ample, and to keep them filled. We set about our task without preparation and almost at a moment's warning. No long list of subscribers gave us reason to hope for even a pittance, for our labor and trouble, to say nothing of our necessary expenses. Acting upon our own impulses, we did not even consult with very many of our professional friends—there was no time—but launched our bark at once into the great ocean, trusting in favoring gales and a smiling Providence. We are glad to find that we were not mistaken. Our labors have been kindly and cordially received, and our prospects are much brighter than we had dared to anticipate. We presume that we have not as yet fully met the expectations of all. It is much easier to find mistakes than to avoid them,—easier to describe what our journal should be, than to make it even what it is. Our efforts in its behalf will only be limited by our ability, and with the able assistance we have secured, we hope we shall not at least fall far behind our cotemporaries, or disgrace our profession or our State.

We would not give a straw for a man in any capacity who has not sense enough to have "a mind of his own" and firmness and independence enough to express it when occasion calls for such expression. We have no sympathy with the truckling demagoguism which will sacrifice opinion, even principle, to gain an ephemeral advantage or a mushroom popularity. We prize an honest heart far higher than an oily or flattering tongue, and prefer an open enemy to a secretly treacherous friend. We have spoken of our profession, especially in this State, somewhat freely. We have even said that many among us, who wear our title are a "disgrace" to our name. We have been called to account for this expression by our Ohio cotemporary, but we certainly shall not retract it. We said it simply because we believed it, and re-

assert it now because we have seen no reason to change our opinion. Every body says that the physician, to whom is entrusted the most momentous interests, should be learned, discreet and competent, and every body is right. Every educated physician knows that the widest learning, the most ample experience, and the highest skill, have failed to make the science of medicine perfect—and full well that time and the most persevering industry are requisite to enable him to avail himself of what has already been learned and done. Medicine is not a trade to be learned or taught in a twelvemonth. We have seen, and who will deny it, young men rushing into our ranks with less of preparation than would be requisite for a passable cobbler, totally unfit, either from previous training or professional acquisition, to take upon themselves the high functions of the physician, and our indignation has been kindled. The steamer who buys his book and his “right” and comes out a *doctor*, ready made to exercise the latter as soon as he can fairly read through the former, is simply a disgrace to humanity. The community who will be fools enough to employ him are fitly punished by his blunders and his ignorance, but he who, with almost as little forethought or preparation, affects to enter the ranks of the regular profession, and claims to be regarded and treated accordingly by physicians around him, who makes his self-imposed title a cloak for his ignorance, and preys upon his patients under cover of the wings of the great profession in which he is an interloper, is not simply a disgrace to humanity, but to the profession, to you and to me. You know that there are, in the broad limits of our State, many men of this character. To those or of those, who have properly prepared themselves for the duties of our calling, whether that preparation was effected in the college or the closet, we have nothing to say. We only insist that every physician should be well informed at least in what pertains to his profession, and that it is the duty of that profession to guard as strictly as possible, the avenues by which it is approached. We shall not fail to direct your attention frequently to what we consider this great evil.

Within the year just passed, much has transpired of an encouraging nature. In our own country our profession seem waking up from their apathy, and we can confidently look forward to “the good time coming.” Among not the least important events to the American profession, we reckon the passage of the law to prevent the importation of adulterated drugs, &c. Indeed, it would be difficult to over-estimate the importance of this measure. We at the West, have suffered more from the difficulty of obtaining pure articles than our eastern brethren. Spurious, worthless trash has even been prepared in Europe, expressly for the Western market. How many lives have been sacrificed by this gigantic crime, it is impossible to conjecture. Let us not fail to unite in giving all honor to the noble men who have labored so indefatigably for the good of humanity, and very directly for the efficiency and respectability of the profession.

Chloroform was first administered in the Mass. Gen. Hospital on the 2d of Jan. last. Most of the experiments with this agent have been made within the past year, and we are rapidly acquiring a knowledge of its real efficacy and safety.

The health of our State has been, so far as we can learn, unusually good for the year past. No wide spread and fatal epidemic has desolated us, and we have a reasonable assurance of a continuance of this state of things, so far as peace, plenty and contentment can influence it.

The cholera has taken the tour of the continent of Europe, and is now hovering over our shores. Whether the destroying angel will only cover here and there a spot with the shadow of his wings, or come down in wrath to fill the whole land with desolation and mourning, God only knows. The probabilities are altogether in favor of a light and partial visitation, but "the pestilence walketh in darkness and wasteth at noonday." Let us meet it, if it comes, with a stout heart, and if we fall, fall at the post of duty.

OHIO STATE MEDICAL SOCIETY.—The following preamble and resolutions were adopted at the last meeting of the American Medical Association, at Baltimore.

"*Whereas*. The objects of the Am. Med. Assn. cannot be effectually carried out without a more general and efficient co-operation of the profession throughout the United States;

Be it therefore *Resolved*, That it is earnestly recommended to the Physicians of those States in which State Medical Societies do not exist, that they take measures to organize them before the next meeting of the Am. Med. Association."

No truth is more firmly settled, than that combination is power.—Whether the object in view be good or evil, men have learned that, in order to accomplish great results, union and concert of action are necessary. This principle is as applicable to our profession as to any pursuit in life. Review our history and observe how large a proportion of scientific investigation and discovery has been set on foot and made subservient to human good, by medical societies of various descriptions. What more proper or praiseworthy than for men, engaged in the same pursuit, drawing from the same fountains of knowledge and having the same great ends in view, to unite in the bonds of brotherhood and good feeling, and thus to multiply many-fold their usefulness and their influence!

We recognise the American Medical Association as the great embodiment of the public opinion of the profession, and shall look upon any measures which it may deliberately suggest or recommend, as deserving of the most respectful consideration. In the preamble and resolution which commence this article, the Society has only recommended a measure which every man of sense approves.

There has been in existence for two or three years, a State Medical Society in Ohio. For various reasons, which we care not now to refer to at length, it has not flourished as it should. Many of its warmest friends have been somewhat fearful and doubting as to the best course to be pursued. Our Conventions have generally been very pleasant and profitable gatherings, and many believe that we can accomplish more by continuing them. We respect these opinions highly, for we know that but one motive animates us all,—a desire to do what will be for the best. We hope the usual annual convention will again assemble, and believe that with proper prudence and a spirit of conciliation, we may all merge into a common organization which shall be permanent, active and useful. The society already numbers many of the ablest physicians in the State, and many more stand ready to join it and extend its influence. It has an ample and liberal charter, and its plans of organization are very complete. It contemplates County or District Societies as auxiliaries, and aims to unite and harmonize the profession upon high and common grounds.



We shall speak frankly on this subject, and only ask that what we may say may be received in the spirit in which it is written. We say then, that we believe that the time has arrived when the highest interests of humanity and ourselves demand that we should organize more perfectly than heretofore, and *do* more than we have yet done for our own improvement. The great objection that has been hitherto urged is, the difficulty of drawing a separating line between regular and irregular practitioners, in other words, of fixing precise and satisfactory terms of membership. That this difficulty does exist, is the strongest possible argument for the *necessity* of such an organization. The trial must come, and when can it be better met than now. We do not even believe that there will be much real difficulty in the matter. Let the standard for membership be placed as high as we can bear in our present condition, and be raised as we advance. Great results cannot be accomplished without time, effort, and patience. The hardest lesson the earnest and sanguine man can learn is "to labor and to wait." Let us not begin with what is impracticable and we shall not end with what is ridiculous.

Many excellent and conscientious physicians are fully of the belief that if we sincerely desire what we profess to desire, if we wish to see the profession in Ohio elevated and dignified, we must do it ourselves. We subscribe to this opinion. We have, in the present condition of the public, no faith in the efficacy of legislative enactments, however just or desirable in themselves. Laws will not be obeyed if they are enacted, and their moral influence will thus be reduced to much worse than a nonentity. We believe this, though we may be mistaken. We also believe that we have a power within ourselves which, if disciplined and concentrated, will be much, very much more influential for good than any law would be. Whatever our opinions may be, the question is settled, that for the present, if anything is done, the profession must do it.

The next annual meeting of the society will be held, we believe, on the third Tuesday in May next, at Columbus, and we hope that there will be a full representation from all parts of the State, and that the present members especially, will feel it to be their duty to make every effort, by the preparation of papers, &c., to make the meeting interesting, profitable, and satisfactory.

In accordance with a vote of the society at its last meeting, an address will soon be issued to the profession in the state on its behalf.

*New Mode of Treating Uterine Hemorrhage.*—Prof. Linton, of St. Louis, proposes a novel method of treating patients prostrated by excessive uterine hemorrhage. It consists in bandaging firmly the lower extremities, beginning at the feet. The theory is, that this compression acts like transfusion without its dangers or inconveniences. Six or eight ounces of blood are forced from the limbs into other parts of the system, and this quantity is often sufficient to sustain the flagging powers until nature rallies sufficiently to sustain herself. Professors Linton and McPheeters have both seen cases where this treatment was resorted to with success.

*Death after the use of Chloroform.*—A man named John McStout, Jr. of New Brunswick, N. J., is said to have had a tooth drawn while under the influence of chloroform. Within forty eight hours after, inflammation commenced in the jaw, which rapidly extended to the brain, producing delirium and death in a few hours. (Did the chloroform kill him?)—*Annalist.*

*Editorial Change.*—The two St. Louis Medical Journals have been merged into one, the editors of both being retained. The new Journal is certainly strongly manned, having four now at the helm. There is certainly no impropriety in their saying *we*. The St. Louis Journal is one of the very few which has not yet made its appearance upon our table. We therefore cannot speak of its merits.

*Ergot as a Remedy in Spermatorrhœa.*—Prof. Willard Parker, in a recent lecture on excessive and involuntary seminal emissions, stated that he had used the Ergot in combination with the Tinct. Ferri. murias, with very marked benefit.—*Annalist*.

*Rush Medical College*—located at Chicago, Illinois. This institution has necessarily received some of the influences which are operating upon that whole region of country. It is thrifty—no less than 140 students having attended the last term—and by-and-by *there will probably be 500!*—*Boston Med and Surg. Journal*.

Our friend of the Journal must really try and not be so envious. "By-and-by" New England will only be a little out-of-the-way corner, a mere appendage which the great West could thrust into one of her pockets, and not feel it. Be resigned to your "destiny," neighbor!

"*That Mantle.*"—When Dr. Roberts was about retiring from the N. Y. *Annalist*, he received the first No. of our Journal. He had only a corner left to devote to us, but in the little he so kindly said, he incontinently bequeathed to us his "mantle." We were proud and rejoiced beyond measure. The article was received in good condition, and we have been trying to bring its ample folds into some correspondence with our diminutive self ever since. Our friend Davis, the next in the regular succession, was heir expectant, and seems much disappointed that he was forgotten. We wish we could console him, but—the mantle is ours,—and we can only advise him to bear his misfortune as meekly as we bear our "blushing honors."

THE PROFESSION IN OHIO, AND CHEAPNESS IN MEDICAL EDUCATION.—In the December No. of the *Lancet*, the editor replies to our remarks under these heads, at considerable length, and in very labored style. We shall not continue this controversy, because we believe our readers will be better pleased with something else. We cannot forbear, however, noticing some of the strong, or rather some of the projecting points of the editor's last effort. This will be done in part, by giving explanatory quotations, and if these place our cotemporary in rather an unfavorable light, he must blame himself, and not us. We do not suppose for a moment, that our excellent friend would intentionally misrepresent or injure us. He distinctly disavows such an intention, and we believe him; but we must believe, either that his mind was in a peculiar state when he read our Journal, or that he did not carefully read it at all.—He has certainly misapprehended us, and as carefully, though unintentionally, in some particulars, misrepresented us.

The first point, which the editor calls the "chief point in the controversy," is—"what is the meaning of a "portion" and "a very considerable proportion;" for these are the persons in Ohio who are a "disgrace" to the profession, and who have never received a regular medical education." The editor is at a loss to conceive what meaning to attach to these terms, unless they signify "a pretty considerable chance," or something of that sort. Now we will answer him in his own words, which

he can surely be at no loss to understand. In the Oct. No. of the *Lancet* the editor says, "we presume that the profession in Ohio embraces about the *ordinary proportion* of badly educated physicians." When the learned editor will give us the precise difference between "a portion" — "a considerable proportion," and the *ordinary proportion*, we promise to make our meaning clear to his comprehension. This is certainly rather diminutive cavilling.

What follows is really very objectionable to us, because sentiments are imputed to us which we never maintained or expressed. After referring to some facts which we gave from two localities, in relation to educated and uneducated physicians, defining what we meant by the terms, the editor exclaims almost with horror, "now this is "statistics" with a vengeance! At this rate more than one half the physicians of Ohio are a "disgrace" to the profession. This is giving gigantic form to a "very considerable proportion." We are *made* to say that every physician who has not received a regular medical education, is a disgrace to the profession. Did the editor read the following in our last No? If he did, we ask him in all candor, how he can reconcile the above with his conscience, to say nothing of the fair and honorable rules of controversy. We said distinctly and emphatically that—"we did not say that all these were a disgrace to the profession by any means. On the contrary, many of them, the older ones especially, have made the most of the advantages within their reach, and deserve far more credit than many a younger man with a "regular medical education" and a degree to boot."

Suppose we turn upon the editor, and, because he would not allow us, without protest, to say that even the "ordinary proportion of badly educated physicians," to use his own words, is a *disgrace* to us, insist upon it that he is an open advocate of the largest liberty in the profession, that he decries medical education as useless, and that there is no need of the slightest improvement! We should do no more violence to his language than he has to ours, but we should violate our sense of right and our love of truth.

Thus much for "the profession in Ohio," but we hope we have not done yet with the said portion of our brethren. We shall, from time to time say what we think of them and to them, and we have not the slightest fear of offending any man whose good opinion is worth having. We cannot forbear giving a short extract from a letter recently received from one of the oldest, most respectable and influential physicians in the state. The letter is dated Dec. 6th, 1848. The writer says, "I carefully read and reflected on your remarks relative to the profession in Ohio. Your remarks meet my fullest approbation. If I were to find fault, it would be with your too great leniency. You are certainly not chargeable with magnifying the evil."

We now come to the editor's favorite topic, "Cheapness in Medical Education," which we will despatch as speedily as we can.

"For several years past, says our cotemporary, Ohio has had three schools of medicine: two of these have seen proper to place the fees for instruction at very low rates; the third has not followed their example. As journalists, we did not intend to discuss or even allude to this subject, well knowing that some of our cotemporaries would manifest great sensibility if it were even hinted at; but this neutrality has been disturbed by the indiscreet introduction of the subject by one of the parties most deeply interested. In the very *first* No. of the *Ohio Medical and Surgical Journal*, a periodical edited by one of the professors in the Co-



lumbus school, the subject of *cheap teaching* is openly introduced, and its favorable influence directly asserted."

We will now give every word that was uttered by us bearing directly or indirectly upon this subject, when we so "indiscreetly disturbed the neutrality" previously observed. We said, in our first No., "if a young man, commencing study at the present day, with our largely increased facilities for imparting instruction, and the readiness and cheapness with which they are attainable, cannot obtain a tolerable medical education before commencing practice, he cannot possess sufficient energy and perseverance to succeed in any profession, and it would be far better for himself and the community, that he turned his lazy ambition into some other channel." This is the "head and front" of our "indiscreet" introduction of the subject "in the very *first* No. of the Ohio Medical and Surgical Journal." When the editor makes up his mind to assert the contrary of the above, we hope he will let us know it.

In our last No. we inserted an article on this subject in reply to the Lancet. Does the editor mean to say that we join issue with him upon the general subject of low fees,—that we maintain that low fees are, under all circumstances, promotive of the best interests of the profession? Can the editor point to a remark of ours *advocating* low fees?—He has mistaken the whole drift of our argument. He charged, most distinctly, upon "two of the schools" the placing "their fees very low," and thereby inducing a condition characterized as "deplorable." We simply contended in our remarks, and proved our assertions, we think, that the consequences spoken of by the Lancet do not necessarily result from low fees. The profession has improved in this State in consequence, simply for the reason that many of them have left their business and spent a winter or two in attending lectures, because the expenses came within their means. We quoted the N. England schools simply to show the editor, who is a marvellous stickler for "statistics," that what he somewhat superciliously characterizes as "cheap schools" are not necessarily such contemptible affairs, but that some of them can boast as distinguished names as our country possesses, and that, in our own words, "the excellence of medical instruction, or medical schools, does not depend solely upon the amount of the fees charged."

We know no reason why the fees should be higher at the South than the North. We introduced no scale founded upon geographical limits, but only referred to facts as they are.

The sentence which contained more of our own feelings and sentiments, than any other we have penned during this controversy, our cotemporary has entirely omitted to notice. Perhaps he did not see it. It is this:—"A rigid preliminary examination, and a more rigid one still for a degree, would do more, in our humble opinion, to raise the schools of the union, than any other means that could be devised." We regard high fees (\$90,) or low fees (\$56,) as of comparatively little consequence in themselves. If we acted from selfish motives alone, we should of course prefer the former. In France, *no regular fees are charged*, and yet the French, "cheap" as they are in this respect, make pretty good doctors. we believe—at any rate we hear nothing of the "deplorable" state of the profession there.

We hope our friend the editor of the Lancet, understands our position by this time. There is in reality, too little difference between us to justify a dispute; and we have other more profitable work in hand.—Finally, we reciprocate most cordially, passing over the little preceding allusion to our greenness, the kind and gentlemanly conclusion of the article in the Lancet, and send it back in the editor's own words:

"We beg to assure the editor of the Journal, that it is our desire at all times to treat him, personally and professionally, with that degree of fairness and consideration which his position and merits demand; and in any differences of opinion which may arise between us, we shall especially endeavor to avoid an illiberal spirit and acrimonious feelings, which might degenerate into reprehensible personalities. And we can conscientiously declare, that nothing can induce us, wilfully and intentionally, to injure the editor, his Journal, or his school; but we do desire to see them, severally, occupy a high and unequivocal position, whereby the interests and dignity of each one, and the profession at large, may be fully and completely sustained."

**HYDROPHOBIA CURED BY CHLOROFORM.**—It appears by the following letter from the physician who attended the recent case of hydrophobia at Camden, N. J., that a cure of this fearful disease has been effected through the agency of chloroform. The Newark Daily Advertiser, from which we copy this letter, states that a full and authentic report of the case is to be made by Dr. Jackson of Philadelphia :

CAMDEN, N. J., NOV. 11, 1848.

I received yesterday your communication in relation to the case of Mrs. Burrows, of your city, which has recently excited so much interest. She is a respectable married lady, aged 25 years, and possessing more than ordinary personal beauty. In August last, she was slightly bitten on the wrist by an unknown dog, which she never saw or heard of afterwards. It gave her some uneasiness of mind, as well as considerable pain at times in the affected arm, accompanied with inflammation and slight suppuration. No symptoms, however, the least alarming were discernible until the 27th of October, when she was suddenly attacked while sitting in her chair with her little family around her.

Being the family physician, I was immediately summoned, and found her in a state of insensibility, to all appearances unconscious of every thing around her. A bucket of warm water was procured, in which to place her feet; she immediately gave the vessel a violent blow with her foot, which was succeeded by as severe a spasm as I have ever witnessed. So violent was it about the muscles of the throat and diaphragm, that strangulation appeared to be inevitable.

These spasms continued throughout the night, recurring at intervals of from ten to thirty minutes. After the paroxysm had subsided, she would become conscious and conversant. I frequently tried her with water through the night, and sometimes at her own request; the mere taste of it, in fact, the sight of it, was sufficient to produce the spasms.

The next day, Saturday, Dr. Jackson visited her. She continued extremely ill, the attacks becoming more and more violent. On Monday it was proposed to administer the chloroform, more for the purpose of overcoming the severity of the spasms than with any expectation of it producing permanent relief. The inhaler was used at first, but we could do nothing with it, as she would bite severely every thing within reach of the mouth. A concave piece of sponge was substituted, pouring the chloroform in it, and then applying it to the mouth.

The very first attempt acted beautifully. As soon as the spasm commenced the sponge was applied, and in a minute almost, however wild and raving she may have been, she would sink down upon her pillow in a state of perfect calmness and repose which was soon followed by a return of consciousness. So we continued to ward off the attacks, and on Tuesday, or Wednesday at farthest, there was no return of them.—Still the very thought of water was horrible to her.

She is now convalescent, though much enfeebled, but can drink water. Yet she informs me some very unpleasant feelings were produced a day or two ago by her neighbor inadvertently washing her windows. Many more particulars I could furnish you, but the case will be published by Dr. Jackson. I have no doubt of its being a case of genuine hydrophobia.

Yours, with respect,

L. F. FISLER.

Dr. L. A. HALL, Newark.

CONVENTION OF WESTERN MEDICAL SCHOOLS.—We are glad to see that the *Lancet* responds so cordially to the proposal for a convention of the western schools, especially as it is understood that it speaks for the Ohio Medical College. We hope that there will be no holding back from any quarter, but that all the schools concerned will be represented, and the convention held at the time specified. We are confident that good and nothing but good will result from such a movement, if it is entered into in the proper spirit.

We inform the *Lancet*, that we were aware of a similar proposition, made through that Journal last January, but as it came from none of the schools, and especially as it was not responded to by a single one of them, we did not refer to it. We have not the slightest ambition to take the lead in this matter. Our ambition is a higher one,—to do what we can to elevate and improve our profession. We have no doubt but that the editor of the *Lancet* and the gentlemen connected with the several Colleges interested, are as sincerely desirous as we are to aid in the great work of improvement. If by any means a mutual understanding can be had, and a “platform” agreed upon, and adhered to, we shall be abundantly satisfied.

Since writing the above, we have received the December No. of the *North Western Journal*, from which we learn that the school at Chicago wishes to be represented in the Convention. The right spirit is evinced.

In order that something definite may be determined on soon, we suggest the propriety of those schools not yet heard from, communicating their wishes by letter to Prof. Lawson of Cincinnati, who will, without doubt, report progress from time to time.

CHOLERA.—The great question in which the community, as well as physicians feel a deep interest, is, what is the best and most uniformly successful mode of treatment?

The most important question is, how can the disease be prevented?—the next in importance, how can it be cured? Fortunately something can be done in the way of prevention, by observing strict and careful sanitary regulations, both as a community and as individuals, and in most cases, something may be done towards effecting a cure. The great point is, to apply our means early, and before the supervention of the stage of collapse. In most cases, there is time for the application of remedies, but not in all. In the Report of Dr. Whiting, Health Officer at Quarantine, New York City, to the Board of Health, now before us, we are told of the cases that occurred there, that “in this disease there has been but one stage—that of collapse—although every pains have been taken to detect the first deviations from health, directions given to all to communicate them at once, and persons employed to inspect them constantly, and a physician to pass among them at all hours of the night and day. The first intimations are the extreme symptoms, defying the most prompt and decided remedies.” We give below, the treatment, as at present pursued by Dr. Whiting. It should be observed, that of the first thirty cases *twenty* proved fatal.



"Of the thirty three cases that have happened since my report of the 11th, I am glad to state that only nine have been fatal. And as there appears to be no difference in the severity of the symptoms at the outset of the disease, I cannot but attribute the diminished fatality to a more happy plan of treatment.

From the results of the first thirty cases, and post mortem revelations, I became convinced that the stimulating plan was not the treatment for *this* cholera, and abandoned at first the mustard, then the capsicum, ammonia, brandy, wine whey, etc., and relied on calomel in large doses, with opium, Dover's powder and camphor.

With regard to camphor, even though it has been always lauded, and by some as *the specific* in cholera, I entertain suspicions of its utility.

The treatment I have now adopted and adhere to, from its decided agency in controlling the symptoms and inducing early reaction, is the exhibition of moderate doses of calomel, with morphine, at short intervals. Five grains of calomel, with a quarter of a grain of sulph morphia, is at first given to an adult; in half an hour, or one hour, a scruple dose of calomel is exhibited, and is usually retained; afterward, a pill of Cal. grs. V, Sulph. Morphine gr.  $\frac{1}{4}$ , is given each hour, two hours or three hours, as the effect may indicate. This is observed in the subsidence of the pain and spasms, the diminished quantity and frequency of the evacuations, the return of warmth, and the restoration of the pulse.

This treatment is continued until some indications of bilious action appear; the first is usually a change of color and consistence from the light, thin, rice water, to a greenish, and then brown or brownish yellow color. The evacuations from the stomach and bowels will frequently continue green, or of the color of sulphate of copper, for hours, but I have not known a single case to relapse where this effect had once been produced.

I was led to substitute the morphine for opium, from its being less liable to disturb the stomach or to produce narcosis, an effect to be deprecated in this stage of congestion, except it result naturally from the obviation of pain and excitement.

In children, however, under six or seven years, I have used Dover's powder in preference to morphine, as being more manageable in regard to the dose. A very simple remedy, but one that I have used in children with happy effects, has been the tea of the spearmint, given hot in the first stage, and afterwards cold, in a small quantity, a large spoonful occasionally.

The most valuable external means is the stream of hot vapor of alcohol, poured over the patient by a very simple apparatus at the foot of the bed. This is a large alcohol lamp placed under a sheet iron cylinder, with a pipe running from it. The lamp is placed on the floor, and the tube with an elbow, and terminating in a large funnel to elevate the clothes, is inserted under the bed clothes.

This and hot mustard applications are the only external means that I rely on. They are potent, and can be continued without the fatigue or exposure of the patient, a paramount desideratum, as there is plenty of both to contend with as the inevitable effects of the disease."

*Effects of the New Drug Law.*—Dr. EDWARDS, the indefatigable Chairman of the Special Committee in Congress, which reported the new law, was employed for some time before the commencement of the present session, by Mr. Secretary Walker, to visit the ports of New York, Philadelphia, Baltimore and Boston, and report upon the operation of

the law. Through the kindness of Dr. Boerstler, of Lancaster, we have been favored with a few items from Dr. Edwards' forthcoming report. We are sure we could not lay more highly interesting and satisfactory information before our readers, than is contained in the following extracts from Dr. Boerstler's letter to us.

"Much good has already resulted from the law, and the opposition to it is now confined to Drug brokers, the regular dealers approbating it. The partner of the largest importing house in New York, now in Europe, writes that this law will effectually prevent the shipment of adulterated drugs and chemicals. The Inspectors of our ports are doing their duty faithfully and fearlessly—instance New York alone, where the following spurious articles were not allowed to enter, but sent back. The inspector rejected:

July 19,	6,650	lbs	spurious rhubarb root,	from Canton.
" 21,	931	"	" " " "	" "
Aug. 10,	750	"	adulterated opium,	Marseilles.
" 11,	2,940	"	Jalap root, spurious,	Tampico.
" 31,	2,249	"	rhubarb root,	London.
Sept. 1,	645	"	" " " "	" "
" 5,	1,414	"	gamboge,	"
" 8,	545	"	rhubarb root,	Hamburg.
" 9,	1,400	"	senna,	Leghorn.
" 19,	2,900	"	yellow bark,	Bordeaux.
" 20,	875	"	rhubarb root	Canton.
" 22,	758	"	opium,	London.
" 25,	1,783	oz	iodine,	"
" 26,	1075	lbs	rhubarb root,	Marseilles.
" 26,	875	"	jalap root,	Vera Cruz.
" 29,	3,100	"	" " "	"
Oct. 23,	788	"	rhubarb,	London.
" 23,	227	"	gum myrrh,	"
" 25,	13,120	"	yellow bark,	Marseilles.
" 26,	1,875	"	" " "	Bordeaux.
" 26,	412	"	gum myrrh,	London.

In Boston a number of cases of adulterated opium, and other spurious drugs were also rejected. This will give your readers some little idea of the rascality of traders in such things and shows the necessity of penal legislation. As well might men poison our fountains as sell us adulterated medicinal drugs, &c. \* \* It was apprehended the revenue would suffer by this law, but Mr. Secretary Walker nobly said, 'let no revenue be derived from any nefarious traffic.' So far from injury, the revenue is increasing, because genuine drugs and chemicals are taking the place of spurious—for example, the spurious yellow bark was invoiced at \$4 per 100 lbs, when the genuine is worth \$70 to \$90 per 100 lbs. So in other articles."

*Retained Placenta.*—The article in this number on this subject was read by its author before the Medico-Chirurgical Society of Cincinnati. We thank Dr. Smith for his paper, and should he happy, not only to hear from him again, but to be one of the media through which the papers of the excellent society above named, may be given to the public.

FOURTH ANNUAL REPORT of the Commissioners and Superintendent of the Hospital for the Insane, to the General Assembly of the State of Indiana.—Our friend, R. J. PATTERSON, M. D., the present Superintendent

of the above Institution, has put us in possession of his first Report.—The Hospital buildings are not yet completed, though from forty to fifty patients can be accommodated very shortly. When completed, two hundred patients can be comfortably lodged and cared for. The buildings, though combining most, if not all the modern improvements, will cost less comparatively, than those in other states. They are heated by steam, and the heating and ventilation are combined in such a manner as to render both effectual.

The opening of new Hospitals for the Insane, is a cause for gratitude and rejoicing to every philanthropist. The good they are the means of accomplishing is incalculable, and can only be approximatively estimated by him who will take the pains to inquire into the actual condition of the insane in those communities where no such Institutions exist.

From our knowledge of Dr. Patterson, we are sure that the Indiana Hospital for the Insane, will fully sustain her position among the best in the land.

AMERICAN MEDICAL ASSOCIATION.—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other institutions, authorized to appoint delegates, send correct lists of those chosen to attend the *next annual meeting*, to Dr. HENRY J. BOWDITCH, Boston, on, or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

We take this opportunity to remind the members of the Association of the resolution adopted in Baltimore, directing that a copy of the transactions should be sent to such members only as shall have paid the annual assessment for the present year (three dollars.) Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association will be furnished copies on the same terms as members (*viz.*, three copies for five dollars) on remitting the amount to the Treasurer.

To other persons the transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.—*Med. News.*

WESTERN CONVENTION.—We are glad to see that the Buffalo Med. Journal, and the Western Journal of Medicine, both approve the plan of holding the proposed Convention. The former Journal suggests that it be held at Boston, by Delegates to the Nat. Med. Association, as the action of the Association may possibly modify the action of the Convention. Our fear would be that all the schools would not be represented, and we still think that most would be accomplished by carrying out the original plan. We shall, however, cheerfully accede to any proposition which shall seem to meet the wishes of the majority.

BERKSHIRE MEDICAL INSTITUTION.—We have received the annual catalogue of this flourishing school for 1848. From it, it appears that the last class numbered one hundred and twenty-two students. The Lecture term commences on the first Thursday in August, and continues sixteen weeks. There are also a winter and summer Reading term. Few schools in the country offer better facilities for the thorough and practical study of medicine, than this.



BIOGRAPHICAL SKETCH OF THE LATE DR. SISSON.—The following sketch, from the pen of one of our oldest and most respectable citizens, appeared, some weeks since, in one of our city papers, and is transferred to our pages with the consent of the writer.

Dr. Sisson was a native of Rhode Island, and immigrated to this State in 1813, first taking up his residence in Franklinton, in this county. His early opportunities had been limited, and his pecuniary means were somewhat scanty, but he brought with him an energy of character, and a noble ambition, which were of vastly more importance to his fellow men than such adventitious appendages can be without the latter qualifications.

He early manifested a most ardent desire to qualify himself for the practice of medicine; and this engrossed much of his thoughts and conversation for several years before a way was opened for the consummation of his wishes. He was at length noticed by a friend, himself at the time in rather straightened circumstances, who aided him in the accomplishment of the great object of his ambition. But he was at last principally indebted, for his high attainments and great professional success, to his own exertions, although, no doubt, the hand of friendship helped him onward and upward. The object in view was worthy of the highest efforts of man—it was to reach the first rank in a noble profession. Disregarding circumstances somewhat unfavorable to his advancement, he had the fullest confidence in his ability to surmount all difficulties, and accomplish this by severe study and unremitting labor. He did not limit himself to mere mediocrity—that point so dangerous for the young to contemplate as a goal—but his was a higher and nobler aim, not to relax his exertions until he had penetrated the depths of the science, and had made himself familiar with the recorded experience of all time. With such exalted views, in 1817, he commenced the study of medicine with the late Dr. EDMISTON, one of the ablest and most eminent physicians of this city, then in its infancy. While a student, he never for a moment lost sight of the object of his early ambition. He was not discouraged by opposing obstacles, nor turned aside by the allurements of pleasure, often so destructive to the best laid schemes of youth, and even the firmest resolutions of age.

Dr. S. was not amongst those who believed that a competent knowledge of this most difficult and valuable science could be acquired without severe study, and long and incessant labor and research, much less that it is attained by intuition. He had no sympathy, from the beginning, with mysteries and charlatanry, ancient or modern, and was, during his whole life, impatient of contact or consultation with their unworthy or mistaken votaries.

After a laborious and zealous preparatory course, Dr. S. received the benefit of our most celebrated medical colleges, and commenced the practice of physic and surgery at the place where he first located himself in this county. He remained there but a short time before he removed to this city, where he resided until his death. The skill and merits of Dr. S. did not long remain unknown to his fellow citizens. He almost immediately acquired an extensive practice, even beyond the most sanguine expectations of himself and friends.

The difference between the practice of medicine now and at that early period, can hardly be appreciated by the present generation. It was then accompanied by the most discouraging difficulties and numer-

ous privations, besides requiring incessant labor. The roads, where any existed, were nearly impassable, the streams without bridges, and the inhabitants, scattered over a large extent of country, were often widely separated from each other. They were mostly immigrants from every State in the Union, and almost every country on the globe. They had brought with them all the variety of chronic diseases peculiar to their native land, complicated with those incident to a change of climate and a rich and fertile soil, which sent forth deadly miasmata over the whole face of the country. These were aggravated by a change of habit and those privations common to the pioneers of new settlements. These could only be successfully treated by one in the possession of a most vigorous constitution, a profound knowledge of the science, and vast intellectual resources. Fortunately for the sufferers—and these embraced nearly the entire population—these rare qualifications were, in an eminent degree, united in the object of our notice. With a generous sacrifice of personal ease and comfort, Dr. S. taxed to the utmost all his faculties, mental and physical, for the good of his fellow man.

Having been the successful physician of the fathers, in distant parts of the country, he was naturally called to the sick bed of the children; and thus his professional labors were but little diminished by the increased density of population. The fatal disease which, for several years past, put an end to his professional usefulness, and finally to his life, was, without doubt, produced by exposure and over exertions continued for a period of nearly thirty years. His first attack was about three years ago; and from that period he entertained but little hope of ever recovering his health and vigor. From this time his physical faculties were so much shattered, that it was no longer possible for him to pursue his profession. His cheerfulness did not, however, forsake him, and he continued to enjoy the society of his professional brethren and friends until the last day of his earthly existence. At the solicitation of friends, he sought relief in a sea voyage and the air of Europe, and had recourse to the prescriptions of his kind medical brethren, but in vain. The hand of the destroyer was upon him. He lingered in pain and extreme bodily debility, until a second attack of the fatal malady, not by him unlooked for, put a period to his sufferings and useful life. He calmly expired in the bosom of a numerous and interesting family.

It is no disparagement to the eminent medical gentlemen of our city, to say that, both in the practice of physic and surgery, he has scarcely left an equal, certainly no superior, behind him. He had been for many years almost without a rival in both these departments. Long experience, as well as a profound knowledge of the science, had rendered him eminently successful in the treatment of diseases peculiar to our climate. His exertions and assiduity were not in the slightest degree relaxed by the certainty that his attentions must be without compensation. He was not only the poor man's physician, but his nurse and his friend.

In private life, Dr. Sisson was the kind husband, father, and friend, and the liberal and patriotic citizen. Had wealth been the chief object of his pursuits, his utmost wishes might have been gratified; but it was not.

—His no mercenary aim,  
But nobler far; to him an Angel's mission given  
To heal the sick and smooth the bed of pain,  
Or point the lingering spirit's hopes to heaven.—  
And such should be his epitaph.

This imperfect and brief sketch of the life and character of the deceased is given, as well with the hope that the youth of our country may profit by such noble examples, as to render a last tribute of respect to a departed friend.

DELAY.—We must apologise to our readers for the delay in the appearance of the present Number. The time which we had allotted specially to the Journal, was occupied mostly upon a bed of sickness. Other causes of delay have also operated against us, which we hope will not occur again. We intend to be as punctual as possible.

Several Reviews and Notices of new books are unavoidably postponed. Meigs on Children, Blakiston on the Chest, Harrison's Anatomy, and several others will be reviewed or noticed in our next.

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### OBITUARY.

DIED, in this city, on the 21st of November last, **LYNE STARLING, Esq.**, aged 65 years.

The deceased was a native of Henry county, Va., from which State his family removed to Kentucky. In early life he settled in Franklin, in this county, and was long known as an indefatigable and prosperous business man, holding at the same time responsible public offices.

Soon after the termination of the last war with England, failing health compelled him to relinquish his pursuits; and subsequently a large portion of his life has been spent in travel, either in Europe or this country. For years past he has been a confirmed invalid, rarely leaving his room; yet nearly until the last, his mind retained its characteristic vigor—showing, notwithstanding his great feebleness, and almost constant suffering, the same sound judgment and discrimination in matters of business which had enabled him to amass one of the largest fortunes ever acquired in the West.

Of his many benefactions, one at least will serve as a perpetual remembrancer to the medical profession of the West, and to the citizens of this city, (the growth of which he has watched with the solicitude of a parent—having been one of its original proprietors)—we allude to the truly generous gift of \$35,000, for the foundation of the Medical College which bears his name, and the Hospital to be connected with it. This is an example of liberal and enlightened beneficence which has been, we believe, without a precedent in the West.

Mr. Starling was never married, and has left his large fortune among his numerous relatives.

On the 12th of November last, **ENOCH HALE, M. D.**, one of the most eminent physicians in Boston, Mass. Dr. H. was a bold, original, and skillful physician. His contributions to medical literature have been quite numerous and valuable, among which we may specify the "History and Description of an epidemic fever, commonly called Spotted Fever, which prevailed at Gardiner, Maine, in the spring of 1814;" "on the Propriety of Administering Medicines by Injection into the veins." and "Observations on the Typhoid Fever of New England." Dr. Hale suffered for years with what he regarded a neuralgic affection, but continued in business until within a day or two of his death. Examination discovered Bright's Kidney, a liver much diseased, small, dense and somewhat resembling cirrhosis, hypertrophy of the left ventricle of the heart, and an *open foramen ovale*, which admitted the little finger. An interesting sketch of the life of Dr. Hale, by Prof. Channing, was published in the Boston Med. Jour. for Nov. 22d.



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# THE OHIO MEDICAL & SURGICAL JOURNAL.

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## PART FIRST.

### ORIGINAL COMMUNICATIONS.

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ART. I.—*Case of Delirium Tremens.* By L. M. WHITING, M.  
D., Canton, O.

MR. ———, aged 35 years, of sanguineo-nervous temperament and the finest physical developement, has from an early period of life been subject to ulceration on various parts of the body, but during several years past this tendency has localized itself mainly upon the internal surface of the inferior portion of the left leg, occasionally, however, involving the corresponding surface of the right lower extremity. This chronic ulcer he has never known to be “open during the dog-days,” and sometimes it has ceased to discharge at other periods, but is generally in an abraded state with a sero-purulent discharge from the surface. During the last two months this issue has been dry and cicatrized. This gentleman has been long in the habit of indulging freely in the use of alcoholic drinks, yet always preserving his business powers, of which he possesses an unusual share. His occupation at present as an inn-keeper, subjects him to an irregular life, and dangerous temptation.

On the evening of Tuesday, Oct. 31, I was called in haste to visit this man, and found him in a state apparently threatening life immediately. Respiration was exceedingly slow and difficult; the hearing was very obtuse, eyes upturned and injected blood red; head hot and thrown back; intellect dull; scarcely able to comprehend the simplest queries; pulse slow and compressed; hands and feet cool and falling in temperature. No tenderness on pressure in the epigastric region, but on placing my fingers over the vertebral column interspaculæ with sudden pressure a deep groan and convulsive start en-

sued instantly, which was repeated upon the slightest percussion upon a space of six or eight inches in the long axis of the spine. I immediately applied three or four ordinary tumblers in place of cups, over the tender portion of the back, and sent for my scarificator; at the same time ordering hot applications to the extremities. As no relief seemed to be experienced, in the course of fifteen or twenty minutes I cut him freely over an extensive surface and reapplied the cups which in a short time extracted 3xxiv of blood and gave entire relief to all the disagreeable symptoms. Learning now that in consequence of his complaining during the day of feeling unwell, his wife had administered some cathartic pills shortly before the violent attack, I left him to repose. On the next morning I was again summoned and found my patient vomiting frequently; the surface bathed with perspiration; the pulse small and rapid, and an excessive and universal tremor of the muscular system. So violent indeed was the agitation that I found it difficult to introduce from a tumbler a glass of brandy with a gr. of morph. This was retained but a few moments. Mustard paste was then laid over the stomach and the morph. repeated in a spoon full of water; this was retained by the stomach, and half an hour after a glass of whisky (his usual drink) which was also kindly received. In one hour the morph. and whisky were repeated. In two or three hours the muscles resumed their functions generally, and he ate a bowl of good animal broth with relish. The mind at this time and during the whole period from the cupping was perfectly clear. Said he slept but was disturbed by the operation of the pills he had taken the evening before. Continued comfortable during the day and took at increasing intervals decreasing doses of morph. At night felt like sleeping, and after taking freely of nourishment, fell into slumber. Ordering him to be let alone I left him, confident that he had *escaped* an attack of *delirium tremens*.

Monday morning. Looks bright; says he has slept well; eats freely; hand steady; every thing looks well, except occasionally a little jerking of the tendons. Presc. Ammon. Tr. Valer. in half tea spoon full doses once in three or four hours during the day. 3 o'clock P. M.—feels well, has eaten dinner; one hour subsequent to the last visit I was called to the room of this patient, and found him greatly agitated by the presence of a *darkie*, whom he was vainly endeavoring to expel. He represented this intruder as an amazingly active “nigger,” being sure to evade every blow he had aimed at his head, and slipping through his fingers at every pass made for his wool. Pulse hurried; every part of his body drenched



with perspiration, and every muscle on the alert. Gave a large dose of morph., and in an hour, although he continued to be visited by soldiers, negroes and other distinguished individuals, he could reason, and knew them to be illusions. These visions grew less vivid and numerous continually, but he continued to talk with great fluency for another hour, when he grew quiet, the whole system seemed to partake of the apparent tranquility, and I left at 10 o'clock, P. M., with directions to repeat the morph. in half gr. doses once in two hours until sound sleep was induced, feeling confident all would be right in the morning. In a couple of hours, however, I was summoned to him again and found him suffering all the torments of a confirmed case of delirium tremens. No moment was he free from the visitation of the most ugly and abhorrent phantoms, and most assiduously did he labor "in fear and trembling" for freedom from the myriad hosts of rats, mice, toads fleas, fish, *et id omne genus*, which were devouring him. His pulse was again hurried and irritable and again the perspirative fluid rolled from the skin in streams. Large and oft repeated doses of morph. and alcoholic stimuli now produced no beneficial effect, and as the morning dawned he became almost ungovernable in his efforts to escape from the house. Changed the form of stimuli to Hoffman's anodyne with camph. emuls. and morph. of which large doses were frequently given without effect till noon. In the mean time the locality of the old impetiginous ulcer was plied with spts. ammon. and confined in such a manner as to produce thorough vesication. At 1 o'clock P. M., he had consumed in the course of the previous eight hours not less than *fifty grs. of opium*, besides a large quantity of strong camph. julep and Hoffman's anod. At the suggestion of my friend, Dr. Haldeman, of Minerva, (who happened in town, and was invited by me to see the patient,) we now seated him upon a stool in a common wash tub, and poured from a pitcher twelve or fifteen gallons of cold water upon the back part of the head and along the spinal column: this finally broke him down so that vomiting came on, the pulse sank, and he begged to be laid in bed, which was done. But when reaction came on the delirium became vastly more violent than before, several strong men being required to keep him within the bounds of his room. On a careful enquiry of his wife at this period, I ascertained that my patient's report of the mode in which he spent the night of Wednesday, was incorrect; that in fact he had slept but very little, if at all; that he was talking and restless most of the night, which she attributed to excessive fatigue, &c., and furthermore, that for

several nights previous to the first attack he had slept but very little indeed, his house having been filled to overflowing with guests. The case at this time began to assume a perilous aspect, inasmuch as all the ordinary and gigantic remedies had been pushed to a great extent and the patient growing worse from hour to hour. On a consultation with Dr. Brackebush, of this town, as to the propriety of administering chloroform in order to break down the excitement of the nervous system at once, or resort to *Digitalis Tart. Ant. &c.* the latter course was decided upon, and he was bound to the bed and ordered the following prescript: *Infus. Dig.* (3ss *Dig.* to water 3vj.) *Sol. Tart. Ant. and Sulph. Morph.* (grs. ij of each to water 3iv.) Dose, a table spoon full of each alternating every hour. This treatment was pursued during the succeeding nine or ten hours, when the bowels began to move, the evacuations exactly resembling in appearance, yeast in a high state of fermentation.

No improvement in general symptoms. Pulse more hurried and growing weaker; a "universal deluge" of perspiration and continued raving. An attempt was now made to produce anæsthesia by chloroform, but after many trials we succeeded only in causing him to make one or two deep inhalations from a well charged sponge which produced no material change in the patient at the moment, except to elicit from him as soon as the first half suffocating impression went off, a few hearty curses upon our "stink bottle," as he denominated the inhaler.

The efforts to escape were rather increased, and I deemed it prudent to give some additional security to the hands, and while I was in the act of slipping a looped handkerchief upon the wrist, *he suddenly ceased all motion, and in an instant was apparently in a sound sleep.* This state continued during the four succeeding hours, when he awoke nearly or quite rational. Very soon fell asleep again and continued to sleep well for some hours, when he again awoke and took a substantial meal. This state of sleeping and waking and eating continued for forty eight hours, when he arose from bed, and went about his business, complaining only of a heavy feeling about the head, and a very sore leg from the effects of local applications while in the paroxysm, and with a fixed determination not to taste the unclean thing again.

I have thus detailed, with tedious minuteness, perhaps, a case of disease which is unfortunately, common enough, yet one which presents points of interest in the present state of the professional mind in regard to its treatment. It may be difficult for the reader, as it is for the writer, to determine

upon what especial part of the treatment pursued in this case the credit should be placed of producing a favorable change in the frightful train of symptoms.

For my own part I cannot help attributing the final sudden subsidence of nervous irritation, and the striking manner in which the first sleep came on, to the influence of chloroform, although not less than fifteen minutes had elapsed between the inhalation and any appreciable effect; and I am sure I shall not permit another case of the kind to proceed to such extremity without a trial of this powerful agent.

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ART. II.—*Erysipelas*. By T. M. Tweed, M. D., of North Liberty, Ohio.

CASE 1.—Andrew Milligen, aged twelve years, of strumous diathesis, was attacked with erysipelas on the 15th November, 1848. The inflammation occupied the upper portion of the nose, extending to the inner canthus of each eye. The disease was ushered in by the usual premonitory symptoms, such as chilliness, stupor, pain in the loins and back, malaise, &c. My prescription, for the time, was Submur. Hydrg. grs. ij, Ipecac. grs. ij, every three hours, and the local application of Sulph. Ferri, according to the formula recommended by Velpeau.

16th.—Found the erysipelas slowly extending, and the parts exceedingly painful. Pulse 90; small, wiry; tongue dry and cracked; teeth covered with sordes; skin dry; extremities inclined to be cold. Bowels acted upon several times—discharges bilious. R. Peruv. Bark grs. v. every three hours. Local treatment, Nitrate of Silver, together with the constant application of cold cloths to the inflamed parts.

17th.—Inflammation still extending—general symptoms about the same as at last visit. Dr. Bearce, of Decatur, was called in consultation. He recommends V.S. xii3, a resort to the Calomel and Ipecac. and the local use of Acetate of Lead.

18th.—Patient evidently growing worse. Medicine had produced several thin watery stools; the disease still extending—great stupor—pulse 90, wiry—tongue parched—black sordes on the teeth—extremities cold. R. Quinine grs. ij every four hours—sinapisms to the extremities—and repeat the pencilling with Nit. Argent.

19th.—Symptoms about as last reported. Inflammation extends beyond the last pencilling—considerable delirium. Dr. Norton, of Decatur, saw the patient, and prescribed, in



addition to the Quinine, the liberal use of Port Wine. He also advised scarification of the affected parts. This was accordingly performed, with manifest relief to the highly congested capillaries. Repeat the caustic pencilling—and apply cloths dipped in mucilage of slippery elm to the face and scalp. The inflammation has now reached the hairy scalp, and is marching onward with frightful rapidity.

20th.—All the symptoms increased in gravity—constant low muttering delirium. The erysipelas now occupies the whole face and head, and presents a most horrible and disgusting appearance. The parts are exceedingly painful. Continue the quinine and wine and mucilage.

There was no abatement of symptoms until the 24th, when he seemed to be more rational, and called for food. During this time, however, scarification was repeated; and the quinine and wine given regularly, until the 27th, at which period the patient was rapidly convalescing.

December 6th.—I lanced two abscesses—one under each eye—from which a large quantity of purulent matter was discharged. The boy is now able to sit up, and has a fine appetite.

CASE 2.—December 6th.—Was called to see Mrs. Milligen, the mother of Andrew, aged 32 years. On yesterday she had a severe chill, lasting one hour, and followed by intense fever. I found her with a full bounding pulse—dry tongue and fauces—considerable inflammation and tumefaction of the tonsils—great pain in the head—no appetite. I bled her to the extent of sixteen ounces, and prescribed an emetic of Ipecac., to be repeated in eight hours.

In the afternoon her husband called to inform me that a spot resembling erysipelas, had made its appearance on the nose. I could not visit the patient then, and so gave the man a stick of Nit. Argent., with direction to cauterize deeply around and beyond the inflamed surface.

7th.—Found a well marked case of erysipelas; and although the caustic had been repeatedly and skillfully applied, I found the disease extending beyond the pencilling. Tongue dry and parched—the skin moist—pulse 85, full—sordes on the teeth. The inflammation now involves the entire nose and cheeks to the outer canthus of each eye, and is rapidly extending. R. Calomel grs. iv, Ipecac. grs. ij every three hours. Repeat the cauterization—apply a linear blister and cloths dipped in cold water to the intervening space.

8th.—Morning. Inflammation has not extended beyond the blister. Face very much swollen and œdematous. R.

Cal. et Ipecac.—scarify freely, and apply cloths dipped in cold mucilage of slippery elm.

Evening. Inflammation has extended beyond the blister, and now occupies the whole face. Eyelids tumid—forehead and cheeks œdematous; tongue cleaner and more moist than at last visit; skin moist; pulse small and compressible. Medicine had acted as an emetic and cathartic. Discontinue the Calomel and Ipecac. and give quinine grs. ij, every four hours; local application, slippery elm.

9th.—Morning. Disease stationary, but not abating in intensity. Circulation weak and languid—constant nausea and retching—low muttering delirium. Continue the same treatment.

Evening. Pulse 80, compressible; complains of great prostration; constant moaning and delirium; parts more swollen than at last visit; two watery discharges from the bowels. Repeat the scarification, and continue the quinine, with the addition of Port Wine.

10th—Rested tolerably last night—pulse 80, more volume—tongue brown and cracked—two or three thin watery stools black sordes on the teeth—and great depression of spirits. *Erysipelas* abating. Discontinue the wine. R. Sulph. Quin. ij; Sub. Mur. Hydrg. grs. iij, Sulph. Morph. gr.  $\frac{1}{2}$  every three hours. Local application, cold cloths.

It is unnecessary to detail the symptoms as they subsequently occurred, from day to day. Of course they varied in many particulars, and consequently the treatment varied to meet the exigencies of the case. Let it be sufficient to say, that the local disease abated from day to day, until it finally disappeared; but that the constitutional symptoms became graver and more alarming. The fever became of a typhoid type, and I began to lose all hopes of the recovery of my patient. There was great restlessness—constant delirium—subsultus tendinum—harsh dry skin—cold extremities—irregular and intermitting pulse—dry and black tongue—fœtid breath. On the evening of the 17th she was suddenly seized with severe pain in the bowels, accompanied by a copious discharge of blood and mucous. The pain continued, followed by a second discharge of a similar character. I was sent for immediately. A large mustard cataplasm was applied to the bowels, and the following prescription given: Morph. Acetate gr.  $\frac{1}{2}$ , Plumbi. Acet. grs. ij every hour, until the pain is relieved and the discharges arrested. After taking three powders, the pain ceased, and no more discharges occurred.

This proved the crisis, and my patient gradually grew better. Her bowels were not acted upon for four days, when

castor oil was given, which produced a healthy stool. I put her upon a strong infusion of *Cinchonia Rub.*; her appetite returned, and she convalesced rapidly. The upper eyelid of her left eye continued much swollen for several days, when, upon lancing it, a large quantity of pus was discharged.

CASE 3.—Samuel Milligen, aged 53 years, the father of Andrew, after the usual premonitory symptoms, was seized with erysipelatous inflammation of the throat. December 7th, 1848. I found him with a full bounding pulse—pain in the head and back—uvula, tonsils and epiglottis highly inflamed. *R. V. S. xvi*3 and an emetic of *Ipecac.* and *Tart. Antim.*

8th.—Rested well since last visit. Pulse 80, compressible; throat much inflamed. Gave calomel and *Ipecac.*, to be followed by castor oil. Local application, *Nitras Argenti*.

9th.—Morning. Medicine operated four times, producing bilious discharges. Throat somewhat less inflamed—pulse 85, full. *R. Ipecac. grs. iv* every three hours—continue the *Nit. Silver* and apply a blister externally.

Evening. Symptoms about the same—complains of a burning sensation at the pit of the stomach. Give *Cal. et Ipecac.*, and order toast tea.

10th.—Morning. No passage from the bowels—order castor oil.

Evening. Oil operated once. Headache—dry hot skin. Give *Ipecac. grs. v* and *Spts. nit. dulc.*, *ad libitum*.

11th.—Worse in all respects—pulse weak and laboring—headache—great depression of spirits—a large ulcer has made its appearance back of and above the uvula. *R. Quinine grs. iii*, every three hours; apply to the ulcer *Capsicum* and *Nit. Silver*.

From this time forward, to his final recovery, I treated the case upon the same principles that I would observe in the treatment of a case of *Scarlatina Maligna*; giving wine and quinine as the symptoms indicated, and making local application of *Capsicum* and *Nitrate of Silver*.

Milligen was able to sit up on the 16th, and under the use of infusion of *Cinchonia*, made a rapid recovery.

REMARKS.—The foregoing cases are fair illustrations of erysipelas, as it has exhibited itself in my practice, during the past summer and autumn. I recollect now five cases occurring in one family, two of which proved fatal. In all of these cases, with one exception, the disease was located in the throat. Both parents died—the three children recovered.



The mother, aged about sixty, died in a comatose condition, after an illness of but a few days.

The father, aged about seventy—constitution much shattered—died on the twenty-fifth day, from sheer exhaustion. The disease commenced upon his thumb, and notwithstanding the repeated penciling of Nitrate of silver, and the successive application of linear blisters, and Velpeau's great remedy, Sulph. Iron, the inflammation continued to extend, until the arm became involved, from the shoulder to the wrist; and finally dipping deep into the cellular tissue, the whole arm became a reeking mass of loathsome matter. Quinine and wine were resorted to freely, but the patient gradually sunk from hectic.

From considerable experience and observation with regard to this malady, my own mind is strongly impressed with the truth of the following propositions:

I. That Erysipelas is contagious—not to any considerable extent—but sufficiently so to entitle it to a classification with contagious diseases.\*

II. That long watching, grief, anxiety, and all the depressing passions, are predisposing causes.

III. That it has a certain course to run, and cannot be *cut short* by any local or general treatment whatever.

IV. That a judicious course of medication will greatly mitigate the disease, and aid materially in conducting it to a favorable issue.

V. That a tonic or sustaining course, after the third or fourth day of attack, is imperiously demanded: especially is this true of œdematous erysipelas.

VI. That the local application of Iodine, Acetate of Lead, Sulphate of Iron, Nitrate of Silver and linear blisters, has no power whatever in *arresting* the disease.

VII. That scarification is a remedy of great value, in mitigating the sufferings of the patient, by relieving the highly congested capillaries of the affected part.

VIII. That the application of cloths dipped in cold water, is a measure of equal value for the accomplishment of the same purpose.

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\*Mrs. Burns, the mother of Mrs. M., residing ten or fifteen miles from her daughter, visited Andrew during his illness. She remained with him a few days, and feeling unwell, returned home. I am informed by a neighboring physician, that she died in a week after her return, from erysipelatous inflammation of the throat. James Burns, a young man, and son of the old lady, aided in nursing her. He suffered from a slight attack of the same disease.

ART. III.—*Case of Ossification of the right Auriculo Ventricular Opening of the Heart, with Hypertrophy, Hydro-thorax and Adhesions of the Pericardium to the Heart.* By A. B. SHIPMAN, M. D., *Prof. of Surgery in the Indiana Med. College.*

THE subject of the following disease was Mrs. P., aged 31, married, and the mother of three or four children. The history of her case, as given me by her sister and self, previous to death, shows her to have been an invalid from birth. When she was nine years of age she had an attack of palpitation, fainting fits, dyspnœa, blue lips and countenance, with a short dry cough, dropsical ankles and general marasmus, from which state she barely survived; but when she arrived at puberty, there was some little improvement in her general health. She married at twenty-three, and had three children within six years. Her general health was much better after marriage, up to fifteen months previous to her death and eight weeks from the birth of her fourth child, when she began to experience pain around the chest and tightness about the insertions of the diaphragm to the ribs. Palpitations, dyspnœa, blue livid lips and face, with inability to lie in a horizontal position and slight anasarca of ankles.

It was at this time that I was consulted, and obtained the above history. I examined her critically with my ear to the chest, and found the heart beating strongly over a large part of the chest, with a low bellows sound. The respiratory murmur distinct and natural throughout the lungs. But there was dullness on percussio over the entire left side of chest. The pulse was regular and soft. Breathing hurried and heart palpitating on the least exertion, or on attempting to walk up stairs or up hill. There was no cough and very little fever, and her appetite was tolerably good, and she had considerable embonpoint. I prescribed Fol. Digital. 1 gr, Blue Mass 1 gr, Nitrate of potash 5 grs., to be taken once in eight hours, with Vinum. Colchic. 3iii, tinct. opii. 3j; 30 drops of this mixture to be taken once in six hours; under this prescription she improved. The kidneys acted briskly and a large quantity of urine was discharged, much to the relief of her breathing and palpitation.

After the close of the lectures in the Indiana Med. College, she fell into the hands of Prof. Meeker, who treated her very judiciously through the summer of 1848. The calomel and squill pill acting very efficiently and promptly in removing the water that collected from time to time in the cellular tissue and thoracic cavities. But on withholding diuretics for a

while, all her bad symptoms would return, and toward the close of summer she began to grow yellow. The skin before being either very pale and white, or livid. Her abdomen began to fill up with water, which greatly aggravated the dyspnœa and distress. Her pulse began to get irregular, intermittent and very weak, while the vessels of the neck beat violently. The jugulars were turgid, and the whole neck greatly enlarged and the face became puffy and permanently livid and suffused. A deep tinge of yellow pervaded the surface of the body, and for a month before she died the pulse almost entirely ceased at the wrists, while an aggravation of the beating at the root of the neck, was manifest. She died on the 12th of December, 1848.

*Post mortem examination twenty-six hours after death.* Prof. Meeker, operator. Present, Drs. Higdy and Gregory. *Cadaver* plump and full. Countenance puffy, blue and lips dark red; root of neck full and mottled. Abdomen distended with fluid, (pigeon breasted;) thorax sounds dull on percussion; feet and legs distended with serum. *Thorax*.—On laying open the chest, the *right* side was filled with serum, three pints of which was removed with a sponge; *left* side a quart. *Lungs* perfectly sound; no marks of either ancient or recent inflammation of lungs or pleura, though the lungs were compressed by the fluid. *Heart*. Externally it seemed greatly enlarged. *Pericardium* closely adherent to its whole anterior portion, by lymph in some places half an inch in thickness. The posterior portion was not tied to the heart and was filled with serum. This lymph was of a yellowish hue, and in some places was reduced to a kind of fatty consistence; muscular tissue of the heart pale yet tolerably firm, the whole substance of which was much enlarged, weighing about 3 lbs. (?) *Right Auricle* greatly enlarged; very smooth inside. *Auriculo Ventricular* opening contracted and ossified firmly all around the opening, so that you could not force the point of your fore finger into it; the valves ossified so that they would not close the opening. *Left Auricle* and *Ventricle* not unusually dilated and the valves healthy, as were the valves of the Aorta and Pulmonary Artery. A Coagulum was found in the Left Auricle and Ventricle, tipped with lymph, and two or three beautiful specimens of Coagulable Lymph in these cavities of the size of chestnuts.

*Abdomen*. *Liver* greatly enlarged so as to press on the diaphragm. The surface was granular and rough. *Gall bladder* distended with bile. All other portions of the Abdominal organs were healthy. Stomach, Pancreas and Spleen perfectly normal.



*Remarks.*—The question of most interest in this case was, when the ossification commenced. Did it begin when she was young, at the time she had the severe attacks of palpitation and fainting fits and the hard breathing, œdematous ankles and livid lips? The symptoms certainly indicated organic disease of the heart. Yet I cannot suppose that any thing other than the ossification could have been present causing the disturbance to the circulation. But if so, how come it to lie so quiet for a long time, and then come up and destroy her? We can only account for it in this manner, in my view: that a partial ossification existed from childhood, but after a while nature accommodated the circulation to the unnatural condition and the heart was quiet for a few years, but pregnancy from time to time developed her disease in the heart by its stimulus to the sanguiferous system. That the ossification caused the enlargement, and that in turn caused pericarditis of a chronic form, which was the reason of the aggravation of the symptoms fifteen months before she died, and after the birth of her last child. From this time began the effusion into the chest, pericardium and abdomen. The cause of the enlarged liver was from obstruction to the circulation in the vena cava and engorgement of the portal circulation.

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ART. IV.—*On Epidemic Scarlatina*. By G. W. BØRSTLER, M. D., Lancaster, Ohio.

DURING the past year there was a strong tendency to skin diseases in our county. In the months of January, February, March and part of April, erysipelas prevailed to a great extent in the southern and eastern parts of this county. Soon after its disappearance, the measles appeared, and did not entirely cease before June. During the summer months none of the eruptive diseases were present; but early in October again, angina maligna (putrid sore throat) made its invasion. Many authoritative writers maintain the opinion that angina maligna is not an idiopathic disease, but symptomatic in the exanthems. This I believe to be incorrect, because I have witnessed angina as an epidemic several times, when it was not followed by any of the eruptive diseases.

This season, however, the angina was soon followed by scarlatina, and, as usual, in all its various forms, viz: Scarlatina faucium, simplex, anginose and malignant—the latter in a few instances—the children of one family, in one common room, presenting the various types.

The anginose having been the principal type, I shall offer my views upon its complications and treatment during this epidemic.

The confusion existing in the classification of scarlatina is to be regretted, because it tends to confuse the young practitioner in his diagnosis and treatment. I shall follow the modern English and American writers in classifying all as anginose where the throat affection existed sufficiently prominent to call to it the attention of the practitioner. In the anginose form all the symptoms are more aggravated than in the simple. The invasion was usually marked by a distinct rigor, followed by a violent and persistent fever of from six to twelve days duration. About the second day some difficulty of swallowing was present, and upon inspection of the fauces ash colored spots were seen upon the swollen and deep red tonsils. In the majority of cases these spots were pseudo-membrane, which reproduced rapidly; upon examining this exudation nothing but the inflamed mucous membrane (and this intact) was visible; but from twenty-four to thirty-six hours after the first appearance of the exudation, we would find deep and dark ulcers, with ragged edges, and in a great number of cases this ulceration continued till a large portion of the tonsils was destroyed; and in a few cases the uvula and velum shared the same fate. In a few cases the angina became prominent in the first twenty-four hours; and in all these no pseudo-membrane formed, the tonsils presented a deep purple hue, and gangrenous ulceration rapidly destroyed the tonsils, uvula and velum. From the sixth to tenth day the nasal cavities were involved, and covered with exudation membrane. No ulcerations were seen, but a copious discharge of thick mucous came on and continued till convalescence. So acrid was this discharge as to destroy the true skin below the external nares. Simultaneous with the involvement of the nasal cavities, one or both ears suffered from high inflammation, copious and acrid discharges, and ulcerations extending back to the tympani. Swelling of the lymphatic glands of the neck were common, and in a few cases these suppurated. In a single case the parotids swelled and remained hard for two weeks. I was struck with this as very remarkable, for it is the first instance coming under my observation. In all cases where croupal symptoms came on, the patient died in despite of all medication.

The lungs were more frequently involved, either bronchial, or lobar pneumonia, than I have heretofore seen. Much of this is, I believe to be attributed to the sudden changes of the atmosphere. Greatly as the nervous system suffered, there

was a most remarkable exemption from cerebral diseases. A great number of cases showed strong tendencies to dullness and coma; but the intelligence was good, and I viewed these symptoms as of reflex character. The gastro-intestinal disturbances were what we usually find in epidemic scarlatina.

I witnessed in three cases a complication I never before saw—a retraction of the head and rigidity of the neck amounting to opisthotonos. In the first case, a little boy a year old, had his head so much retracted as to elevate the chin to the greatest possible height, and so rigid was the neck, that no reasonable force could change this position; and when raised up, the cervical and upper dorsal portions of the skin were as rigid as iron. My colleague, Dr. Sachse, was in attendance, and from the previous tendency to coma, and this to him new symptom, feared disease at the base of the brain, and desired a consultation. Upon a full review of the case, we both concluded that the cerebral symptoms were neurotic, and the rigidity depended on the condition of the fascia and muscles. We applied the following lotion to the parts:  $\mathcal{R}$  Ol. Succini.  $\mathfrak{z}$ i, Aq. Ammon.  $\mathfrak{z}$ i, Acid Acetic  $\mathfrak{z}$ ii, and in forty-eight hours the little sufferer was relieved. The other two cases presented the same symptoms, but in a less degree, and like treatment gave relief. Upon a correct diagnosis in such cases depends the life of the patient; for had the rigid antiphlogistic treatment, so essential in cerebral and spinal lesions, been instituted, a fatal termination would have been inevitable.

*Treatment*—An emetico-cathartic is the best prescription in the onset; and can always be repeated with good results, where the throat is much loaded with mucus. The languor and apparent feebleness of the pulse will thus be restored to vigor and fullness. As a cooling diaphoretic we gave either Bi-Carb. Sod. and Ipecac., or what is much more grateful, the Citrate of Sod. or Ammonia. Frequent and persistent sponging the body and extremities with tepid water—to the head cold dash, were of the utmost importance—the febrile heat would be subdued, and the patient rendered much more comfortable. In one case only did I recommend cold sponging and with manifest evil; for such was the marked sensibility of the entire tegumentary tissue, that the patients frequently shrank from the tepid water.

By reference to my notes, I find in the epidemic scarlatina of 1826, cold affusions, nay, surrounding the patient with ice cloths, was most salutary. That was an epidemic of high synochial grade, where cold was clearly indicated. Then I bled a majority of patients, but in this epidemic I did not bleed in a single instance. In the commencement of all epi-



demics, but especially in scarlatina, which is so exceedingly variant, it is of the utmost importance to ascertain the type, for on this much of our success will depend.

The foregoing simple plan of treatment left much for gratulation—nothing to regret. I have long been convinced that in all diseases which have a certain course to run, over medication has been too frequent and fatal. No sane man hopes to cut short an attack of small pox, measles or scarlatina. If he can conduct his patient safely through, he has done his whole duty, and all that enlightened science demands.

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ART. V.—*On the use of Nitrate of Silver in Chronic Diarrhœa, &c.* By GEO. L. MCCOOK, M. D., *New Lisbon, Ohio.*

I observe in the first number of the Ohio Medical and Surgical Journal, an article extracted from the Dublin Medical Press, "on the internal use of Nitrate of Silver in obstinate diarrhœa and dysentery." The writer of that article solicits additional testimony in favor of the successful administration of this remedy in the treatment of "certain obstinate forms of diarrhœa and dysentery, which occasionally resist the action of the most esteemed remedies, wielded in the ablest manner."

I report two cases of chronic diarrhœa and one of chronic sub-acute gastro-enteritis.

Nov. 9th, 1847.—Was consulted by Mr. Jacob Clapsadle aged 65 years. He had been the subject of a chronic diarrhœa contracted in the month of May, and had used all the articles commonly prescribed in such cases, without any benefit. Among the articles used we may enumerate Kino, Catechu, Tannin, Opium and Sulph. Cupri. The discharges were frequent and attended by urgent demands to go to stool, which required immediate attention. An examination of the case satisfied me that the diarrhœa depended upon a highly irritable state of the mucous membrane of the intestines, approximating a low grade of inflammatory action. I prescribed the following:

R Argent. Nit. gr. ss,

Morph. Sulph. gr.  $\frac{1}{4}$ —To be re-

peated every three hours. A complete cure was accomplished by taking 25 or 30 powders.

CASE 2.—Nov. 27th, 1847. I was called to see a son of Mr. Eli Huston, of this place. The patient was about four years old. He had contracted a diarrhœa in June of the same year.

Other physicians had been consulted, and the usual remedies prescribed, the patient becoming gradually worse. Some six or eight weeks preceding my visit the case had assumed the form of Lientery. All and every article of diet passed though the alimentary canal undigested, and in a very short time after their reception by the stomach. The entire appearance of the little patient assured me that his life would shortly terminate if not relieved. I prescribed as follows—

R Nit. Argent. gr.  $\frac{1}{8}$

Morph. gr.  $\frac{1}{8}$

Quinine gr.  $\frac{1}{4}$ —to be repeated every four hours. I noticed an immediate improvement, and discharged the case December 11th, entirely cured. The boy quickly regained his flesh and strength.

CASE 3.—During the winter of 1847 and the spring of 1848, an epidemic of sub-acute gastro-enterities, prevailed to a limited extent in our district. In all cases the stomach and bowels were exceedingly irritable. The mildest articles of diet, even Arrow Root, Sago, Rice, Farina and sweet cream, were instantly rejected by the stomach, if the surface was not strongly impressed by counter irritants. In the early stage of the disease, constipation of the bowels was present, but in eight or ten days an obstinate diarrhœa set in. Some of these I treated in their acute stage. The case I wish to detail was placed in my care after a continuance of eight weeks. At the expiration of that time, I was called in consultation, and took charge of the case, at the request of the friends and the attending physician, who said that he was tired of the case. I found the patient much reduced in strength and extremely emaciated—pulse frequent, weak, irritable and occasionally intermitting—his countenance wore a hope-abandoned, pitiful and anxious expression—his limbs trembling—slight sub-sultus tendinum. Exposing the abdomen I discovered a nervous pulsation of the aorta, much resembling that of aortic aneurism—the walls of the abdomen were collapsed and apparently resting against the spinal column—slight tenderness on pressure, and at long intervals considerable tympanitis, readily relieved by an enema of Ol. Ricini and Turp.

The long continuance of the diarrhœa, the tenderness on pressure and every symptom of the case, induced the fear that ulceration of the intestines had taken place—I gave Fowler's Sol. Arsenic in 8 drop doses repeated every 8 hours. After the second dose of the solution, I prescribed

R Nitrat. Argent. gr. 1,

Morph. Sulph. gr.  $\frac{1}{2}$ ,

Sulph. Quin. gr.  $\frac{1}{2}$ —repeated

every three hours. I occasionally interposed a laxative of Castor oil, to carry off deranged secretions. Under this treatment my patient quickly recovered, and I took my leave in ten days, after prescribing the continued use of Carb. Iron, Elix. Vit. and the Bitter Tonics. Two weeks after, by change of dress and feasting immoderately on mackerel, he induced a return of the disease. In treating the second attack I relinquished the Solution of Arsenic, at the request of the patient, he fearing that it might have an injurious effect on his constitution—I substituted lumps of ice, and continued the other articles as before. In eight days he walked out into the yard and has had no returns of the disease since that time.

In these cases I have administered the Nitrate of Silver as a local astringent and tonic, the Morphine to allay the irritability of the system, and the Quinine as a general tonic. I am persuaded that in these cases, the nitrate of silver was the principal agent in performing a cure. I am further persuaded that it acted as a topical remedy. The discharges in all of these cases were changed in color, very soon after the first administration of the Argent Nit. They were changed to a dark color, as if stained by the Silver.

I am aware that it is held as an opinion, that Sulph. Morph. and Arsenic are incompatible with Nitrate of Silver, yet I ventured prescribing them in combination, and the result of each case attests their utility.

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ART. VI.—*Note Book Gatherings*. By R. HILLS, M. D., *Delaware, Ohio*.

No. 1. *Non-union of Bones for three months*.—*Nil Desperandum*, is a motto that has sustained many practitioners of medicine through difficulties that without its influence would have overwhelmed them with confusion and disappointment. The following cases illustrate this fact, and also an important principle in surgery.

Hon. T. W. P.—, on the 25th day of January, 1848, by a fall down a few steps, fractured the tibia and fibula of the right leg. The fracture of the tibia was a little below its middle, oblique from its front surface backwards and downwards. That of the fibula was near the same point, but indefinite in character.

The limb was dressed with wooden splints and the roller. In a few days the surface of the skin directly over the sharp upper terminus of the lower portion of the tibia inflamed and ulcerated, probably from internal laceration at the time of



injury. In the ordinary time the fibula united, but the tibia did not.

The ulcer above named was considered the cause of mischief, and though never larger than a dime, was exceedingly slow to heal, and week after week expired without union of the tibia. I became uneasy, and my patient still more so. With an indefinite knowledge of the subject, he began to urge without further delay, some operation, as excision of the ends of the bones. I was compelled to restrain him, insisting on more time, and the trial of other expedients first. I had been waiting the healing of the ulcer, but this was not yet completed, and full three months had expired from the date of the injury, without union of the tibia.



I now prepared a new splint, carved from a thick pine plank to fit the back of the leg accurately, like a plaster mould, covering from one third to one half its circumference. A sandal for the foot was attached by a piece of tin so as to allow a slight motion of the ankle joint. A roller was first applied to the limb, then the splint with straps and buckles in such manner as to secure the immovability of the fractured bones. The patient was then allowed the largest liberty, and requested to absquatulate, having practiced it in his day.

After having tumbled about for a week or ten days, walking, (with crutches) and bearing his weight more or less on the broken limb, and having got it sore, he was then kept quiet for a week or ten days longer, sitting mostly with the broken limb resting on a Windsor chair balanced on two legs, giving it with the limb a harmonizing easy motion, he sitting in a rocking chair. On examination, the bones were found united and the trouble over.

Nothing new is here claimed, but it is given as one of similar examples to encourage perseverance in the means to avoid a lamentable calamity or a dangerous operation in like cases.

No. 2. A "*Liver Case.*"—About the 10th of May, 1848, a child of Mrs. W. E. B——, just two years old, was taken with ordinary febrile symptoms without apparent cause, unless from injury in a slight fall at the door-steps, on its right side. In about ten days, from the accession of disease, the attending

physician, my friend, Dr. Gregg, requested my aid in the case. I found tumefaction and inflammation in the hepatic region, with a considerable prominence at one point, with apparently deep, though distinct fluctuation,—some febrile symptoms believed to be symptomatic. My diagnosis was an hepatic abscess pointing outwardly, that would require the lancet in a few days at farthest. Flax seed poulticing was ordered.

I was disappointed in the result, for after remaining stationary a few days, appearance of pointing diminished, and more general tumefaction of the abdomen ensued. In this period of the history of the case I saw it but the one time named, and Dr. Gregg in a few weeks ceased to attend upon or prescribe for it altogether, and it passed successively through several hands, some empirics among the rest—the diagnosis of all, or nearly all, being ascites.

The tumefaction gradually increased, until it became enormous—the general health becoming greatly undermined. I know nothing of the treatment during this period, but it matters little.

On November 26, 1848, I was requested to visit the child and tap it for dropsy. I found my friend, Dr. G., again there. On examination, the abdomen was found intensely tumefied—with some inequalities of surface and feeling—the right side smooth and solid almost—the left uneven in surface and also in feeling, having a soft projection about the middle of the left side, somewhat as if pointing, not fluctuating clearly, but being very soft. I consented to introduce the trocher into this point for the double purpose of setting at rest the question of dropsy, and also of giving some temporary relief by withdrawing from the pressure upon the vital organs a half pint or so, of some kind of fluid.

In one particular I was again disappointed. On the introduction of the trochar no fluid came. I introduced the full depth of the canula, but without any better result. I next introduced through the canula a silver probe, within half an inch of its full length (about six inches) meeting with no fluid and no elastic resistance, the feeling of its introduction being such as it might be into a pot of mush. Satisfied that we had an encephaloid tumour even in this soft spot, the instruments were withdrawn. No particular results followed, and after some two months more of suffering, death resulted January 15, 1849.

The body was examined the next day in the presence of several medical gentlemen, the case having excited much interest. It was found that an encephaloid tumour had grown from the liver or was incorporated with it, occupying

nearly the whole abdominal cavity, thrusting the viscera to the left, the ascending colon passing over the front of the tumor, but to the left of the umbilicus, grasping as it were a portion of the tumor, and by so doing elongating it to the left. It was into this isolated portion that the trochar had been introduced—but no trace of the wound could now be perceived. The tumour was closely and intimately connected with the right lobe of the liver, incorporating the gall bladder with it, the left lobe being free and appearing healthy, except that there were two beautiful specimens of the same disease about as large as pigeon's eggs, growing from its free sharp edge, entirely distinct from the main mass.

The tumour, with the liver, was carefully separated from its attachments and removed, and was found to weigh *thirteen pounds and fourteen ounces*. The remainder of the child was estimated to weigh about eighteen pounds, so that the diseased mass composed more than two-fifths of its entire weight! Believing it to be an interesting specimen as a whole, I have carefully preserved it entire—not disturbing it in any way other than the simple introduction of a probe.

Another fact in the case may be interesting. The testicles had never descended. On examination now, no trace of either could be found, but in the left side the tunica vaginalis testis, or a small membranous sac, and nothing more, had descended and was found in the inguinal canal—but nothing was found on the right.

The other viscera were generally healthy. Could a tumor of this character result from a local injury as in the fall of the child? Could it have been fluid in the first stages, afterwards solidifying? The fluctuation, at the period named, seemed to me clear and satisfactory, as it did to Dr. Gregg. What connection, if any, was there between this disease and the absence or disappearance of the testis?

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ART. VII.—*On Epidemic Erysipelas. An INAUGURAL THESIS, presented to the Trustees and Faculty of the Starling Medical College, February, 1849.* By JOSHUA HOGE BROWN, M. D. *Monroe Co., Ohio.*

As lately as the years 1842–3, the attention of the Medical Profession was called to a form of disease prevailing in many sections of the United States, commonly known as the "Black Tongue." Taking into consideration the remarkably malignant character which the disease assumed in many portions of the country, in connection with the general consternation



attending its progress, it is somewhat strange that more accurate and complete statistics, both of the nature of the affection, and the success of particular modes of treatment, have not been furnished for the inspection of the Profession. From the few articles on this subject, published in the Medical Journals, we learn that its prevalence was greater in New England and the northern States, it occurring, however, in some particular neighborhoods farther south, varying of course in degree of intensity with variations of latitude, of atmosphere, and modifying influences.

Having seen something of the epidemic during its prevalence in my own vicinity, I propose to state some of the leading facts in relation to the symptoms of the disease as it fell under my own observation, and the treatment which that observation led me to adopt.

The section of country (Monroe county, Ohio,) in which I had an opportunity of witnessing this disease, is an uneven and hilly region, and generally healthy; of course, free from malarious diseases. The principal fever we have to encounter is typhoid. We rarely escape the prevalence of this disease in a greater or less degree during the winter season. Most of our inflammatory diseases that occur during this time are extremely liable to assume this character. I speak of this tendency from the fact that it is possible it may have exerted a modifying influence over this epidemic.

Epidemic erysipelas first made its appearance within the limits of my practice late in the autumn of '45, though it had prevailed in one or two adjacent neighborhoods the previous winter, proving fatal in a large proportion of cases.

The symptoms marking the onset of the disease did not differ materially from those which ordinarily precede an attack of fever. The lassitude, slight chills alternating with flushes of heat, constipation, loss of appetite, &c., in most cases continued several days. Occasionally, however, and indicating a more violent attack, the disease was ushered in with a distinct and protracted chill succeeded by a corresponding reaction. Perhaps the most frequent and uniform symptom of this stage was a neuralgic pain occurring suddenly, in many cases at the seat of the subsequent inflammation, in others at a remote point, a finger or toe for instance. Indeed, this was not unfrequently the first indication of an attack of the disease. I have known persons, apparently in perfect health, suddenly siezed with this neuralgic pain in a toe, finger or heel. Usually, however, this did not make its appearance until after the occurrence of the chill; but so constant a symptom was it, that with many it was considered pathognostic of

"black tongue." After the continuance of the febrile symptoms for a period varying from a few hours to some days, there was at some point fixed pain with soreness and swelling. The erysipelatous inflammation showed itself about the throat more frequently than at any other situation, involving the pharynx and tonsils. Succeeding the premonitory symptoms there would be soreness of the throat, with painful deglutition, and stiffness about the angle of the jaw. If the fauces were examined at this stage of the disease, the vessels of the part would be found injected, with slight swelling of the tonsils. The disease now progressed rapidly, the tonsils becoming much swollen and excessively painful. The tongue was not, as the popular name of the disease would imply, always affected. In some cases, however, it was much swollen and covered with a dark incrustation. The great danger in these cases was extension to the air passages, the bronchia being usually seriously implicated. In some cases the disease proved suddenly fatal, the patients dying asphyxiated from the extension of the inflammation to the glottis. This was not, however, a usual result. Generally, as the disease progressed, the parts assumed a dark livid appearance, the subjacent tissues were involved, and if not arrested, extensive sloughing ensued.

The throat was not, by any means, the exclusive seat of the disease. The lymphatic ganglia about the neck, and indeed its whole external surface, were liable to become affected during the subsidence of the internal inflammation. This could not be regarded as a mere extension of the internal disease from contiguity of structure. The inflammation extending from the fauces to the subjacent tissues seemed to be arrested in its progress by the cervical fascia, the external affection when it occurred presenting all the appearance of a new attack as if from metastasis, and penetrating towards the seat of the preceding inflammation. The erysipelas was liable to attack any portion of the cutaneous surface, in every degree of violence, from the simple cutaneous, to the gangrenous variety.

It is, perhaps, proper to remark, that during the prevalence of this epidemic, it frequently came on as an intercurrent affection during the progress of other diseases. Some very severe cases resulted from slight wounds which were scarcely thought of sufficient importance to receive attention; not that these trifling injuries had in themselves any specific cause of disease; but there must have existed in the system the peculiar elements giving rise to this affection. Indeed it was a matter of common observation and remark, that wounds of all kinds were tedious and difficult to heal at this time.

I have hitherto confined my remarks to the description of the local symptoms, as constituting, in public estimation, the most important feature of the disease. The constitutional disturbances were such as might be, in many cases, inferred from the nature and functions of the parts involved. I have spoken of inflammation about the glottis and mucous membrane of the bronchia, as a frequent complication. The well known tendency of diseases of these structures to induce a train of typhoid symptoms would not be absent here, even though there might be no tendency of the erysipelas itself, to assume that character. But this disposition was frequently manifested, even before the local affection supervened. The early stage of the disease was characterized by a somewhat full and frequent pulse; but in all the cases that I had an opportunity of examining, it was quite compressible. It strikes me that oversight of this marked compressibility of the pulse, may, in part have led to the great discrepancies in the opinions of physicians in relation to the sthenic or asthenic character of the disease, and to corresponding errors in treatment. The secretions were either suspended or depraved, skin hot and dry, bowels generally, though by no means uniformly, constipated, with a subsequent tendency to diarrhœa. The effect of violent inflammation about the throat and air passages occurring at this time, may be readily conceived. The immediate consequence was impeded respiration. The blood circulating through the lungs would be imperfectly oxygenated and retain all those impurities which, in a state of health, are thrown off. Such blood circulating through the nervous centers would necessarily result in a depression of all the vital powers. The alvine discharges were dark and fœtid; the tongue, which was at first covered with a thick tenacious mucus, was now covered with a brown dry crust. the lips and edges generally intensely red and shining; tenderness over the abdomen, with rigidity of the abdominal muscles. In a more advanced stage, there were frequent watery or mucous discharges from the bowels, with tympanites, more or less delirium, subsultus, and fatal cases generally terminated in coma.

The attack came on with such violence in some instances as to overpower the energies at once, and the patient would apparently sink from constitutional shock. As an example, I will relate the following case, the memory of which is very distinct, inasmuch as it was the first I saw of the disease. I was called to see a gentleman about fifty years of age, of steady habits, and good constitution. I saw him about seven o'clock in the evening, found him laboring under diarrhœa;



pulse frequent and feeble, abdominal tenderness, extremities cool. He complained of an occasional intense pain in one wrist, extending up the arm. This he ascribed to a sprain. My impression was that it was a case of typhoid fever, and I prescribed accordingly. In about twelve hours, I was sent for again, and found the arm immensely swollen to near the shoulder, and of a dark livid color, with great prostration, and incoherence of ideas. The patient died in twelve hours from the first appearance of the erysipelas.

The duration of this disease was variable. In mild cases that were treated early and efficiently, the recovery was effected in a week or ten days. If protracted beyond this time, it usually ran into the typhoid form, where the cure was not completed under from three to five weeks. In the gangrenous variety there was no definite period, it depending much upon the age and constitution of the patient and the location and extent of the local affection. When there was extensive sloughing, and the recuperative energies weak, the healing process was very tedious. Chronic ulcers were a frequent sequel to this form of the disease.

The contagious, or non-contagious character of this epidemic, was discussed with considerable warmth, both in and out of the Profession; some regarding it eminently contagious, while others denied its contagious character altogether. My own opinion is, that the truth lies between these extremes; that *under certain circumstances* it is communicated by this means. When the disease invaded a family, several members were apt to have it. This may be explained by reflecting that all may have been exposed to the cause producing the first case, and to this was added the depressing influence of mental anxiety, loss of rest, &c.

Doctors Sutton, Dexter and others, who have published articles on this disease, have mentioned the prevalence of puerperal peritonitis at the same time and in the same sections of country. A few cases of this malady fell under my observation. In certain adjacent neighborhoods this form of disease prevailed extensively and with alarming fatality. There seemed to be a strong analogy, or according to the opinions of the above writers, an identity between the two diseases, modified by the peculiar condition of the puerperal female.

*Treatment.* When a new disease makes its appearance in the country, there are apt to be great discrepancies of opinion as to its character and tendency. Believing, as I did, that this disease was one of an asthenic character, I did not in any case venture upon general blood letting. I was confirmed, too, in this view of the disease, by the experience of some

of the neighboring practitioners, who at first viewed it as a sthenic disease, and resorted to an active depletory treatment. Though I did not feel justified in resorting to general bleeding, I found local depletion by cups to be demanded when the lungs or abdominal viscera were involved. In that contracted and rigid condition of the abdominal muscles of which I have spoken, the use of *large* cups with or without scarification, answered an important purpose as a remedial agent. It was necessary, in many cases, to commence the treatment by cupping, to relieve the internal organs. An ipecac. emetic, followed by a mercurial cathartic, was usually my first prescription. In those cases that commenced with symptoms of prostration, or rather oppression, a combination of castor oil and turpentine, given in sufficient quantity, had the effect to produce a thorough evacuation of the alimentary canal, and at the same time it exerted an important influence over the secretions, and in equalizing the circulation, without inducing debility.

In the early stage of the disease, and when there was much arterial excitement, Tart. Ant. in combination with opium or Vin. Colch., was given with good effect. Antimony had to be used with great caution, owing to the tendency to mucous derangement of the alimentary canal. When the lungs were involved, and after the continuance of the antimonial treatment, as long as the febrile symptoms seemed to indicate its use, I found nothing to relieve the cough and dyspnœa so well as a combination of sanguinaria and ipecac, in substance, or the form of a syrup. But the great reliance was upon tonics as early as they could be borne, and among these, Sulph. Quinine was the one chiefly employed.

Local remedies had but little effect in the early stage of the disease. I tried various remedies, such as Acetate of Lead, Sulph. Ferri, Nit. Arg., Tinct Iodine, &c., to little purpose. I found simple water dressings to afford more relief, applied cold or warm, according to the sensation they produced.—Puncturing or scarifying the inflamed surface, followed by the water dressing, was of material service in some cases. As a gargle I used infusion of Polygala, and also Capsicum—when ulceration and sloughing ensued, Nitrate of Silver.

I have thus hastily given a synopsis of this disease as I saw it. It was by no means uniform in its course; attacking all ages and sexes. Comparatively few fatal cases occurred under the mode of treatment which I adopted.

## PART SECOND.

## AMERICAN INTELLIGENCE.

ART. 1.—*Death from a Foreign Body (a piece of bone) cutting from the Pharynx into the Larynx.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

On Saturday, 15th of June last, a colored boy, aged nine years, while taking beef-soup had a piece of bone stick fast in the throat. Efforts were immediately made by the family to dislodge it, and these were subsequently directed by two skillful physicians of the village where the accident occurred. The means employed consisted of emetics, the forceps, probang, &c. These attempts having been unsuccessfully renewed the next morning, the little patient was sent with his mother to me, a distance of twenty-five miles. They arrived at my office at 4, P. M.; being about twenty-eight hours after the foreign body was arrested in its passage to the stomach.

At this time, there was considerable hoarseness, besides the difficulty of deglutition. The patient had slept some the previous night, and had also swallowed a little water since the efforts made to relieve him. His mother said the foreign body could be felt by the tip of the finger while the mouth was forcibly opened—at least, so she had been informed by the physician. There was now no cough, neither had there been at any time. By thrusting the fore and middle fingers deep into the pharynx, the sharp, rough, projecting edge of a piece of bone was reached, but which occasioned an instantancous and spasmodic action in the muscle of the part, but which excited no cough. The forceps and other instruments were now directed against this foreign substance, and it was supposed to have been seized more than once; but after an hour's persevering endeavor to remove it, the case was abandoned for the present. It was only while the patient was firmly held, and the mouth forcibly opened, (for he was too young to be persuaded to submit quietly,) that these attempts for its extraction could be made.

After these latter efforts, the patient never swallowed, not even iced water, and his respiration became more and more embarrassed. He passed a bad night, and seemed much exhausted the next morning. Indeed, it soon became apparent that without relief he could not long survive. Drs. Newton, H. F. and R. Campbell and Dr. Barry saw the patient at 12,



M., and as I was engaged in carrying out our decisions—viz., to make one more attempt to extract the bone, and should that prove, like the others, unsuccessful, then to open the pharynx—he expired. A new pair of forceps had only been directed to the foreign body, when he breathed his last. The larynx was now laid open, and a silver tube introduced into it encountered something foreign. Tracheotomy was next performed and artificial respiration attempted for half an hour. The heart continued to act, but respiration was not re-established.

Death having thus occurred, the wind-pipe was freely exposed, when a piece of bone was found projecting into the larynx below the rima glottidis, and extending thence through its posterior wall into the pharynx. It was the outer lamina, thin, sharp, having jagged edges and of an oblong shape. It measures one inch by half an inch. The irregular, serrated edges, particularly on one side, explains the difficulty in removing this foreign substance; and its thin, sharp extremities, the facility with which it cut its passage from the pharynx into the larynx. Did not the means employed produce or promote the entrance of this foreign body into the wind-pipe? He evidently died from exhaustion, the result of the treatment pursued in the case, and the interference to respiration by the presence of the bone in the larynx.—*Southern Med. and Sur. Journal.*

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2.—*Cholera in New Orleans.* By A. HESTER, M. D., Editor N. Orleans Med. and Surg. Journal.

ABOUT the middle of December, the public mind was greatly excited and much alarmed, in consequence of the arrival of the ship *Swanton* at our port with a large number of immigrants on board, some of whom it was reported, had died of Asiatic Cholera, during the passage. Our esteemed and ever vigilant Mayor, Hon. A. D. Crossman, Esq., caused the vessel to be boarded, and carefully examined, and the result proved that between fifteen and sixteen, out of 280 persons, had died during the passage, some with ship dysentery, or diarrhœa, and some other affections, such as are common among a large crowd of steerage passengers, on a long voyage, confined to a small space, and breathing an impure—a contaminated atmosphere. One of the passengers, a female, who was laboring under some affection of the bowels, on the arrival of the vessel, was taken to the Charity Hospital, and expired in a few hours, with all the symptoms of *Cholera Asphyxia*. The day

after the vessel anchored, a German, aged about 25, was attacked with vomiting, purging, cramps, &c., and died at the Hospital, whither he had been carried, in less than 24 hours, from the onset of the disease. Thus ended the cases from the Swanton. The German, whose case has already been mentioned, left the ship on the 12th of December,—a cold, damp and rainy day, and exposed himself, as he acknowledged, to the rain, until he became quite wet,—ate fruit abundantly, and retired for the night. During the night, he was attacked with vomiting and purging; also with cramps in the stomach and muscles of the lower extremities. About 9 o'clock, the next morning, he was admitted to the Hospital, in a *collapsed* condition, and died during the day. From this time, cases began to occur daily in different parts of the city, remote from the vessel supposed to have imported the fell disease in our midst. No connection, even by the warmest advocates for importation and infection, between the two cases from the Swanton, from Havre, and the subsequent attacks, could be traced; yet it was again and again asserted, that this packet had been the starting point—the *focus* from which the disease had been propagated. The arrival of the ship from Havre, where not a single case of Cholera had made its appearance, and the development of the disease in our midst, at the same time, must be regarded merely as a coincidence, not as a consequence—not as cause and effect; otherwise, the disease must have appeared first in the vicinity of the vessel, and not, as is well known to be the case, in a part of the city, more than a mile from the anchorage of the Havre packet. Let these facts be remembered when we attempt to account for the origin of the disease.

Considerable difference of opinion prevailed, not only among the professional, but also non-professional public, in regard to the real nature of this singular disease. Some will have it that it is the real *bona-fide Asiatic Cholera*,—others, an aggravated form of *Cholera Morbus*,—others again, designate it *Cholera Maligna*, &c., &c. That the reader may form his own opinion of the disease, we shall attempt to point out some of the most distinctive features and symptoms of the disease, and leave the rest to the profession to determine.

*Imprimis*:—this disease proves fatal, in some instances, in less than six hours, from the first attack, although it is usually preceded by some disturbance of the stomach and bowels, which manifests itself in the form of a diarrhœa, the discharge becoming gradually more thin and serous, with or without griping; and if not checked at the end of twelve or twenty-four hours, a state of *collapse* supervenes and death takes place

in from 4 to 24 hours, in spite of the best directed efforts of the physician. The forming stage of the disease is usually, as has already been observed, characterized by diarrhœa, and for our treatment to prove effectual, it must be interposed before the patient reaches the second or *adynamic* stage, from which the most powerful stimulants and revulsives cannot extricate him.

*Causes of the disease.* It has been attempted to prove, that the disease called cholera, which prevails in this city is of *Asiatic* origin, and was imported into this city; but if we can point out the causes that gave rise to the disease, its foreign origin must be abandoned. For why should we resort to importation, in the very teeth of the most positive facts to the contrary, to account for the developement of a disease, when domestic, local causes, adequate to the production of almost any form of endemic malady, can be found in our midst. For some days prior to the appearance of the first case of cholera, the rain fell almost daily—the atmosphere was humid, murky, close and oppressive,—the streets, gutters &c. were surcharged with offal and filth of every kind—abundant sources—numerous *foci* for the generation and spread of a species of malaria or miasmata which, operating upon persons, already debilitated and relaxed, by the warm, damp weather, soon manifested its poisonous influence upon the system by acting upon an irritable gastro-enteric mucous surface, producing diarrhœa, vomiting, cramps, collapse, and death. All this time the wind was from the South; at intervals during the day, an almost tropical sun beamed upon us,—moist and murky vapor, born of the stagnant pools and filthy sewers that surround us, and charged with pestilential matters, enveloped the city and hung like a funeral pall about us. The thermometer, although in the middle of December, rose to 75 and even as high as 84, in the shade. It may be well to remark, that this state of things was possibly aggravated, by the exposure of a large quantity of mud and dirt, to the action of the sun &c., caused by excavating the foundation for our new custom house, near the levee. Suffice it to say, that the state of the streets, yards, alleys, gutters, &c., notoriously in a filthy condition, and now made worse by the fall of a large quantity of rain—all added strength and virulence to the exciting cause of the disease.

Hence, the origin of the disease, as we humbly conceive; hence, too, the fatality among the poor and exposed part of our population.

In our preceding number we ventured to invite the attention of our city authorities to the condition of the streets, &c.,—predicted the speedy appearance of the cholera among us, and urged the immediate adoption of judicious sanitary measures,



to mitigate, if they could not stay, the progress of the scourge. It is bootless to say that nothing was done—the evil seemed too remote—too contingent, to attract attention or excite alarm. It has been shrewdly, but not correctly remarked by a physician, that the cholera begins where other diseases end,—in death. The premonitory symptoms over, death begins his work, and in a few hours all is over. The stage of collapse begins in some cases almost from the moment of attack; it is characterized by great prostration, a feeble, wavering and filiform pulse,—panting respiration, in some instances, cold and shrivelled surface,—blueish tinge about the hands and feet—the lips and face generally present the same color. The tongue is moist,—of a delicate pink hue along its borders—either natural on the dorsum, or of yellowish hue. The eye is sometimes injected as in yellow fever, and the tunica albuginea of an icterode tinge. Sometimes they present the appearance of one in a state of profound intoxication. The intellect is generally, though not invariably, clear. Often they complain of a sense of weight, of tightness about the præcordial region, and through the lower part of the chest. If reaction should be brought about, by means of stimulants, revulsives &c., the tongue becomes dry and red or brown—singultus sometimes supervenes,—the skin becomes red and warm,—the pulse rises, both in fullness and strength,—the carotids throb—the head is painful and thirst unquenchable—and too often the physician deems his patient out of danger. Far from it—another and a fatal collapse suddenly seizes the patient, and he is no more. In some instances, they perish during the stage of reaction—with a burning though perspirable skin—and other evidences of great arterial excitement. We consider this one of the anomalies of the present prevailing disease. If they survive the first collapse, they run into a form of congestive typhus, which speedily ends in cerebral congestion, coma and death.

The disease confined itself chiefly to the intemperate, the reckless, and such as were exposed, badly clothed, fed and lodged. We noted a few exceptions to this general rule. The blacks also suffered throughout the progress of the epidemic; this may be explained from the fact that slaves are notoriously improvident, and habitually neglect, unless questioned on the subject, to report the first symptoms of the disease.

From our recollection of the cholera of '32 we are persuaded that the epidemic of '48-9 differed in some respects from that of '32; the discharges were not so frequent and profuse—the cramps less constant and obstinate, and a much smaller number were rescued, after entering the stage of collapse, in the last than in the first epidemic.

Old residents, and persons thoroughly acclimated, were less liable to attacks of cholera than strangers, newly arrived in the city.

We have not yet learned that a single case of cholera occurred among those who passed through the epidemic of '32, in this city; there may be exceptions to this proposition, but they have not come to our knowledge. The cholera attacked and carried off a number who happened to be laboring under chronic diarrhœa; this was particularly noted in the Charity Hospital, where a large number of cases of this disease is always on hand.

It spared neither the infant in its mother's arms, nor the octogenarian, leaning upon his staff for support, who happened to be predisposed to the disease, from previous attacks of diarrhœa. It must be repeated however, that very few of our citizens who could command all the comforts of life, were attacked with the disease; yet all were more or less under the epidemic influence.

Few escaped some disturbance of the alimentary canal,—a general tendency to excessive evacuations from the bowels, was prevalent. All complained of uncomfortable sensations in the stomach and abdomen, either with or without purging; perhaps the imagination—that fruitful source for good or evil—had some agency in the matter.

During the prevalence of the cholera, many suffered from a mild form of Influenza; in some instances, it was attended with catarrhal symptoms, and severe bronchial irritation, accompanied with febrile disturbance, pains and soreness through the chest and muscular system generally. It rarely proved fatal, without the most reckless exposure and culpable neglect on the part of the patient.

We observed that those who suffered from the influenza, escaped an attack of cholera; hence we are disposed to regard both diseases as produced by the same causes, but operating upon different parts of the system, according to peculiarities of constitution &c.

We are not prepared to enter into any speculation upon the pathology of cholera; it is acknowledged to be a disease of the fluids of the body. The cause, whatever that may be, of the disease, operates upon the blood, producing some serious change in its constituent elements, by which the fibrine and some of the salts of this fluid are poured out in large quantities into the stomach and bowels, and discharged in the form of serous and rice-water evacuations. Were the discharges composed simply of such fluids as are brought away by saline cathartics, or such as take place in an ordinary diarrhœa, col-

lapse could not occur so early in the disease; nor will the quantity of the evacuations by any means explain that utter prostration—that extinction of both the vital and dynamic forces which we witness in cholera, a few hours after the disease fixes its inexorable grasp upon its victim.

In a word, the discharges are often too trifling to account for the prostration and death of the patient. We venture the opinion, that the force of the disease expends itself upon the great ganglia—the great centres of the sympathetic nerve—destroying the equilibrium between the circulation, innervation, and consequently, secretion,—hence the phenomena of cholera. We moreover believe that the impression made upon the nervous system of organic life, superinduces a state of congestion, from which it is so difficult to arouse the system.

We regard the serous evacuations as *symptomatic*, and not as the *prima causa* of the disease—not invariably the cause of death—because many expire with all the phenomena of cholera, without any rice-water discharges. In *paucis verbis*, congestion kills the patient, therefore let us regard it as an acute form of *algid*—of *congestive* fever, and nothing more,—of course our treatment of the disease will be made to correspond with the views already developed as to its essential nature.

We give below an interesting report of the *post-mortem* examination of eighteen cases of cholera, carefully drawn up by Vincent Boagni, a very talented resident student of the Charity Hospital. We witnessed several autopsies of this disease, and the subjoined notes, we believe, contain all the important cadaveric changes, revealed by the scalpel:

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#### *Autopsy of 18 Cases of Epidemic Cholera.*

*In the thorax*, the lungs were of a pink color, always collapsed, with the exception of three cases, where existed morbid changes anterior to the death by cholera. The blood found in them was very dark. In six cases, there was a good deal of mucous in the larger bronchia. The chambers of the heart were invariably dilated and filled with blood, the right auricle remarkably so. The vena cava likewise. In three cases examined three hours after death, there were on the external surface of the heart several reddish spots somewhat resembling ecchymosis.

*In the abdomen*, the stomach was in five cases intensely inflamed, the mucous coat was soft, and had *le couleur de lie de vin*, and there was a quantity of fluid resembling the black vomit of yellow fever. In twelve cases the traces of inflammation were not so intense, and the fluids appeared of a yellowish-green color. The mucous tissue of the intestines was



pulpy and thickened. In four cases there was evidence of violent inflammation, extending the whole length of the smaller intestines, and involving the ilio-cæcal valve. In nine cases this appearance was less evident. In five the mucous tissue was bleached, anæmic, strongly contrasting with the condition of the others. The glands of Brunner were plainly visible—those of Peyer were salient, pulpy, red and softened. The solitary glands were larger than natural and easily distinguishable in the whole of the intestinal tube. In it there was to be found at times a turbid, at times a transparent whitish fluid, with shreds floating in it, whiter than the fluid itself.—This secretion was tested, and albumen was always found in it.

*The Liver* was in a few cases much engorged, in the majority however it was not so, and its appearance was healthy withal.

The Gall Bladder was always found distended with bile and its ducts pervious to the air blown from the fundus of the bladder into the intestines.

*In the Kidneys and Spleen* there was no apparent change.

*The Bladder* was very much contracted. In three cases there was in it a few drachms of liquid closely resembling that found in the intestines.

*The Veins* within the abdomen were distended with dark blood.

*The Brain* appeared healthy—to the touch it seemed firm, even more so than usual. Its serous membranes felt very dry, pasty—it was even so in the thorax; it was so in the abdomen. The veins were in some instances much distended, sometimes not. In two cases there was some effusion in the lateral ventricles.

*The spinal cord* as examined in sixteen of the cases offered no remarkable change. However, in eight, air blown in the sub-arachnoidean space showed several distinct adhesions between the cord and its serous envelope. There was less sub-arachnoidean fluid than usual, in some cases it was almost wanting. In two cases there seemed to be a partial softening of the medulla, on a point corresponding with the ninth Dorsal Vertebra.—*N. O. Med. & Surg. Jour.*

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*Gun-Shot Wound—Ball in the Hip Thirteen Months.* By G. KIMBALL, M. D., Prof. of Surgery in the Berkshire Medical Institution, Mass.

GEORGE CHURCH, a soldier of the Massachusetts Regiment during the late campaign in Mexico, was shot down in the

battle of Molino del Rey, on the 28th of September, 1847.—He was taken into hospital the evening of the same day, and fell under the charge of one of the chief surgeons, Dr. Satterlee. It was found, upon examination, that a wound had been received in the hip—that a musket ball had entered just anterior to the great trochanter, and made its way, apparently upwards and forward, towards the anterior superior spinous process of the ileum. Attempts were immediately made to extract it, but they were unsuccessful. The wound healed very slowly, and it was not till nearly the end of five months that he was able to leave the hospital. He then returned home to Massachusetts, and gradually became so far restored as to be able to engage moderately in the common duties of farming. In the course of a few months after this, some 10 months from the date of the wound, he was seized with a violent paroxysm of epilepsy. Three weeks after, he was seized with another, still more violent; and thus they continued returning at intervals of every two or three weeks, till the latter part of October, 1848, when, at the suggestion of Dr. Guiteau, of Lee, his attending physician, he came to Pittsfield for the benefit of a surgical consultation. The result of this consultation, was an unanimous conclusion that the epilepsy had been induced by the wound in the hip—that a ball or some other foreign body, lodged there at the time the wound was received, was implicating some important nerve—and an operation, with the view of its dislodgment, afforded the most reasonable chance of relief. This operation, however, was not pressed with much earnestness. The efforts of the army surgeon, to the same end, had proved abortive in the first instance; and the present circumstances of the case, certainly gave no very flattering assurance that a second attempt would be more successful. However, the proposition was readily embraced by the patient, and the operation accordingly performed on the 28th of October.

A fistulous opening, sufficient to admit a common-sized probe, indicated the original course of the wound, to the extent of some three inches, and in a direction as before stated, towards the anterior superior spinous process of the ileum. As a most critical examination of the part, had hitherto afforded no idea of even the probable location of the ball, it was thought best to endeavor to reach it by tracing, if possible, this fistula through its entire course. A grooved probe was accordingly introduced, and pushed forward till it came in contact with the surface of the ileum. Upon this, a straight bistoury was introduced to the same extent, and the fistula, thus far, laid freely open. Its further continuation and direction

were now detected, though with difficulty, from its course having been so entirely changed. A long probe being introduced into this new branch of the fistula, it was made to pass some 8 inches backwards and downwards, making its way along the surface of the bone, just under the crest of the ileum, till it reached the ischiatic notch, when it fell directly upon the ball, which was situated, it would seem, very near to, if not in contact with the sciatic nerve. An attempt was now made to bring into service the ball forceps, but the length, the narrowness and unyielding callous walls of the fistula, rendered them quite useless. It seemed necessary, therefore, to lay open this passage still further, and it was accordingly done to the extent of some 5 inches. Again the forceps were introduced, the ball readily laid hold of, and a good deal of force applied; still it refused to yield. A bistoury was now passed into the bottom of the fistula, and the callous tissue immediately embracing the ball, carefully divided at several points, so that upon a third application of the forceps, it was brought away with comparatively little force.

This operation, undertaken with a good deal of reluctance, and, in view of the circumstances of the case, with serious misgivings as to its success, has been most satisfactory and gratifying in its results. From the day it was performed to the present time, there has been no return of epilepsy; and the patient's health, which has previously been most seriously impaired, has now become so far restored as to make it safe to pronounce him perfectly well.—*Boston Med. and Surg. Jour.*

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3.—*A Sarcomatous Tumor, containing hair and stearine, removed from the womb.* By GUNNING S. BEDFORD, M. D., Professor of Midwifery, and Diseases of Women and Children, in the University of New York.

ON Wednesday, the 7th of April, 1847, Mr. D. called at my office, at 4 o'clock, P. M., and requested me to pay a professional visit to his wife. She had been attended for seven weeks by two medical gentlemen who, on the Sunday before I saw her, had voluntarily withdrawn their attendance, under the conviction that her case was beyond remedy, and with the opinion fully expressed to Mr. D. and his friends, that, in all probability, she would survive but a few hours. The husband, in his interview with me, spoke kindly of the physicians, and remarked that he was without the slightest hope, he and his friends having watched with the suffering patient the two previous nights, expecting her death at every moment. With



such a representation of the case, I frankly told the husband I thought a visit from me useless, but if it would afford him any gratification I would cheerfully accompany him. He repeated his desire that I should see his wife; and, on being introduced into her chamber, I found her lying on her back, her face pale and emaciated, with every indication of excessive prostration; the expression of her countenance, too, gave evidence of great suffering. Her pulse was thready, and beat 120 to the minute. Such was her exhaustion, that, when I addressed a question to her, it became necessary for me to place my ear to her lips to distinguish her answer, and then her articulation was almost inaudible. In fact the appearance of the patient was that of a dying woman. Her respiration was labored, and the abdomen as much distended as is usual at the end of the ninth month of gestation. On percussing the abdomen I distinctly recognized fluctuation; and in attempting to introduce my finger into the vagina, with a view, if possible, of ascertaining the character of the enlargement, I felt at the opening of the vulva a soft, elastic tumor projecting through the mouth of the womb, which was dilated to the size of a dollar piece. The parietes of the mouth of the womb thus dilated were extremely attenuated, and did not appear to be thicker than ordinary writing paper. I found no difficulty in introducing my finger between the tumor and internal surface of the cervix, the adhesion being so delicate as to yield to the slightest effort. I satisfied myself that there was no action in the womb; the patient had not experienced any thing like labor pains, and the dilatation of the cervix was the result merely of mechanical pressure produced by the tumor within the uterus. Whilst pressing gently with my finger on the tumor as it presented at the mouth of the womb, and grasping with the other hand the abdominal enlargement, I could again distinctly feel fluctuation, and found also that I comprehended the tumor between my two hands thus applied. Again, in placing my finger on the outer portion of the posterior lip of the uterus, and seizing with the other hand the upper surface of the tumor through the abdominal walls, alternately elevating and depressing the two hands, it was evident that I embraced the womb itself, which was immensely distended by the growth of the tumor. In making an examination *per rectum*, I could without difficulty detect the enlarged uterus. These circumstances, together with the important fact that the abdominal enlargement was uniform on its surface, possessing nothing of the features usually attending extra-uterine growths, such as ovarian and fibrous tumors, etc., caused me to arrive at the conclusion that, in the present case, the tumor was exclusively

*intra-uterine.* It will be perceived that on this decision depended the remote hope of giving to my suffering and almost dying patient, even temporary relief from her agony. Having, therefore, formed my opinion as to the seat of the tumor, and partially as to its nature, I stated to the husband, that, desperate as the case was, and imminently perilous as would of necessity be any attempt to remove the tumor in the exhausted and almost hopeless situation of his wife, yet it was my opinion that the tumor could be removed—although the *serious hazard was that she would sink under the operation.* This opinion was given emphatically, without reserve, and unaccompanied by a word of comment calculated to urge consent to an operation, which presented but little prospect of permanent relief, and could only be justified by the reasonable expectation, that if the patient should survive the removal of the tumor, her suffering would be mitigated, and her progress to the grave rendered comparatively comfortable. The opinion was communicated to the patient by her husband, and she expressed an ardent desire that the operation should be performed without delay, remarking that she was prepared to encounter every thing, even death itself, with the remote hope of temporary relief from the agony occasioned by the pressure of the tumor. The husband and friends acquiescing fully in this appeal of the suffering patient, I left the house, promising to return in half an hour and perform the operation. On my return I was accompanied by my friend Dr. Detmold, and two of my pupils, Messrs. Burgess and Woodcock.

These gentlemen heard with me the following particulars of the case as related by the husband and sister of the patient: Mrs. D. was 47 years of age, and married in 1832. Soon after her marriage she was attacked with cholera; and during her convalescence from this disease, she miscarried. Her health had been more or less infirm for the last ten years. Her menstrual periods had always been regular, with the exception of the last year, during which time they occurred about once in two or three months, and then not freely. This she imputed to *change of life*, and the circumstance did not attract any particular attention. Her abdomen had begun to enlarge in July, 1846, and continued to do so to the present time. In January last, she suffered greatly from distention of the bladder, and could not void her urine except in small quantities at a time, accompanied by excessive pain. For this she consulted a medical man, who found it necessary to introduce the catheter, from time to time, to relieve the bladder. She commenced as early as January to be constipated, and defecation was attended with excruciating suffering. These difficulties about

the bladder and bowels continued to increase, and for weeks before I saw her, she repeatedly passed over ten days without an evacuation—medicines having no effect, and injections per rectum immediately returning, without bringing away any fæcal matter. Her urine was voided in very small quantities, not more than two table-spoonsful at a time, and it was nearly the color of blood. It was impossible for her to evacuate the bladder excepting when resting on her elbows and knees; this position, however, occasioned so much fatigue, that, in her present exhausted condition, she could not avail herself of it. In a word, the agony of this unhappy sufferer was induced almost entirely by the pain consequent upon the attempt to evacuate either the bladder or rectum. With these facts before me, together with a knowledge of the position and bearings of the tumor, it was not difficult to arrive at the important conclusion that the pain and distress in the bladder and rectum were due to *mechanical pressure of the intra-uterine growth*. At my request, Dr. Detmold examined the patient; and, in view of all the circumstances of the case, concurred with me in opinion that, *without an operation, she could survive but a few hours; whilst, if she did not sink under the attempt to remove the tumor, her distress would be sensibly palliated, and her life possibly prolonged*.

With the understanding, therefore, of the uncertainty and immediate danger of the operation—an understanding fully appreciated by the patient and her friends—I proceeded to remove the tumor in the following manner:—A mattress was arranged on a table, and Mrs. D. placed on her back, her hips being brought to the edge of the mattress, the thighs flexed on the pelvis, and an assistant on either side to support the feet and limbs. I then introduced the index finger of the right hand into the womb, steadying the tumor with the other hand applied to the abdomen, and succeeded in directing my finger its full length between the tumor and cervix of the uterus; this was done with great caution, for the parietes of the cervix were so extremely thin, that indiscreet manipulation would almost certainly have produced rupture of the womb. With the view, therefore, of preventing such a result, I thought it more desirable to break up the adhesions of the tumor simply with the finger, than incur the hazard of introducing instruments into the uterine cavity. In proportion as the adhesions yielded, I grasped the tumor; and, without much effort, was enabled to remove it with my hands in fragments. Having brought away in this manner all the solid portions of the tumor, and carrying my hand well into the cavity of the womb, I distinctly felt a sac pressing, as it were, against my finger.—This I immediately ruptured, and there escaped by measure—



ment three quarts of fluid, which resembled in all its physical qualities, with the exception of the smell, pure pus. This fluid was collected in a vase as it passed from the womb, and, half an hour afterwards, on examining it, we found it no longer liquid, but presenting a solid mass, precisely like *hardened lard*. It was evident, therefore, that the temperature of the body kept this substance in a fluid state. As soon as the fluid had escaped, I introduced my hand still higher up, and felt something resembling in touch, human hair. It was, in fact, *a large mass of human hair matted together*, with no other vestige of an embryo—there was no trace of scalp, or anything else, save the hair. I grasped this body, and removed it from the womb entire, it being so compact as not to separate in fragments. The womb, thus freed of its contents, contracted; and there was no loss of blood. After the solid parts of the tumor had been removed, there escaped from the bladder an incredible quantity of high-colored urine, which gave such relief to the patient, that it caused her to exclaim, in simple, yet emphatic language, “Doctor, I am in Heaven !” It may here be asked, why the catheter had not been introduced before commencing the operation. In answer, I would merely remark, that every proper attempt had been made to effect this desirable object ; but it was found physically impossible, without inflicting serious injury on the patient, from the pressure of the tumor on the neck of this organ.

Mrs. D. bore the operation with a heroism which greatly surprised us; and although it became necessary to suspend occasionally all manipulation, to rally her from fainting, which occurred three different times; yet, considering her extreme prostration, it may well be deemed a matter of amazement that she did not sink. The operation being completed, the patient was placed comfortably in her bed. In the course of half an hour, her breathing became easy, the pulse fell ten beats in the minute, and there was an expression of composure about her countenance, which gave sincere joy to all of us, feeling as we did, an intense and unaffected anxiety as to the immediate issue of the case. Without the aid of an anodyne, she fell into a sleep, which lasted six hours, the first repose she had enjoyed for many long nights of agony. When she awoke she appeared greatly refreshed, and although extremely prostrated, she seemed to take pleasure in gazing on her friends, to each of whom she gave a look of recognition.—On the morning after the operation, her bowels were spontaneously and freely moved, a large quantity of hard fæcal matter passing away. Subsequently, simple injections of warm water sufficed to afford her a daily evacuation, and the urine

was discharged freely and without obstruction. Mrs. D. continued to improve in appetite, digestion and strength, and although her friends were admonished not to be too sanguine as to her recovery, yet they regarded the fear of any other issue as utterly groundless. On the 22d of April, fifteen days after the operation, she began to fail; and in defiance of every thing which could be brought to bear in her case, she continued to sink, and expired on the 25th of April, having survived the operation eighteen days.

I have no doubt that the anomalous mass found in the womb of this patient, was the product of a *blighted ovum*, and it may be reasonably asked whether her chances of recovery would not have been enhanced, if the tumor had been removed at an earlier period, before the powers of the system had become exhausted by long continued and uninterrupted sufferings.—The adhesions, it will be remembered, of the shapeless mass to the internal surface of the womb were slight. The stearine which escaped after the sac was punctured, I regard as nothing more than the foetal brain and other fatty portions of the system in solution. These circumstances, together with the quantity of human hair removed from the womb, and the fact that the tumor was comparatively of rapid growth, are, in my judgment, strong proof of previous conception.

I cannot conclude this paper without returning my thanks to Dr. Detmold, for his prompt and efficient aid, not only during the operation, but also in the subsequent attendance. My pupils, Messrs. Burgess and Woodcock, are also entitled to the highest commendation. Throughout the case, they exhibited a zeal worthy of the profession, and which may be looked upon as an index of their future success.—*N. Y. Journal of Medicine*.

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5.—*Needle found in the Heart after death.* Reported by JOHN NEILL, M. D., Demonstrator of Anatomy, in the University of Pennsylvania.

Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed by a student to a foreign body in the heart. At first, I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium, during the process of stitching after injection; but upon more careful examination of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the contiguous viscera could

not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact, that an antiseptic injection (chlor. of zinc) had been used, which destroys colour, and coagulates albumen; there were, however, marks of chronic disease evident, in adhesions of the pleura and serous pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle, a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position, until the cyst containing it was split up. The broken end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ carneæ; the needle was two inches in length, and a line in thickness, belonging to a variety called *worsted needles*.

In the Medical Examiner for May, 1843, Dr. Leaming reports a case of a seamstress, who had accidentally driven a needle, which was sticking in her dress, forcible into her breast, by striking a table. In a month she had pleurisy, and subsequently pericarditis and pneumonia, and at the end of nine months she died. The post-mortem examination revealed lesions, corresponding with the symptoms; the body of the needle was found imbedded partly in the wall of the right ventricle, and partly in the ventricular septum, whilst the point projected for a quarter of an inch into the cavity of the ventricle.

In the summary of the American Medical Journal, a case is copied from the Archives Generales, 1842, in which a soldier introduced two needles into his heart, and was brought screaming into the hospital at St. Petersburg; he had a hard quick pulse; anxious countenance; copious perspiration; distressing cough, and tumultuous action of the heart; in nineteen days he died; and upon examination after death, it was discovered that the needles had passed through the heart, and lodged in the lower part of the left lung, where they were found in an abscess. The whole track was easily recognized by the marks of inflammation.

In the Annalist for November, 1847, Dr. Graves records a case of attempted suicide. A man pushed a needle into his heart, expecting instant death, as in the instance of Admiral Villeneuve, after the battle of Trafalgar; but being disappointed in the immediate effect, he undertook to cut his throat, which also failed; the vessels having been secured, and the wound dressed by his medical attendant. After reaction had taken place, he had great suffering; every breath being at-



tended with a scream; the physician discovered the puncture made in the skin by the needle, and dissected through the intervening structures, until he "could distinctly see the heart pulsating with the needle in it." "With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood." "He continued to improve up to the sixth day, when he was attacked with pleuritic pains, and inability to swallow; and died on the eighth day after the needle was taken from the heart." *Post-mortem*.—"On opening into the left ventricle, where the needle entered the cavity, there was a small membranous sac, about the size of a pea, formed in the left ventricle, which contained pus."

NOTE.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary, he had a severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and had never manifested any suicidal tendency.—*Phil. Examiner*.

6.—*Delirium Tremens; a case in which Chloroform was administered.* By L. H. EVANS, M. D.

MR. EDITOR:—I send you the following account of a case of "*Delirium Tremens*," that was under my care, and in which I administered *Chloroform*, with but partial success.

C. G——, aged 21 years, had been addicted to intemperance for 3 or 4 years, during the last of which I attended him in three attacks of *Delirium Tremens*, which were easily overcome by opium and its preparations; but after each attack he recurred to his old habits, and finally on the 31st of August, 1848, I was called in again to attend him. I found my patient considerably agitated by the fears that are peculiar to this disease, and I was informed that he had attempted to precipitate himself from the window to escape from some imaginary danger. He talked incessantly, incoherently, pulse rapid, and in a profuse sweat.

I ordered a quarter of a grain of Sulph. Morph., and in four hours after, when I saw him again, he was in the same condition. I then gave him Tr. Opii, f ʒj, and desired his attendant



surely the medical public has a right to expect something more than it has received in the way of reports and important information. A desire to hear from others, induces me to send you a brief account of some of our operations here.

I have now been in India more than eight years, during which period a portion of my time has been devoted daily to attendance upon the sick. My patients have been emphatically the *poor*. The diseases which prevail most are cholera, fever, dysentery, dyspepsia, cutaneous diseases, and diseases of the eye. European medicines usually produce a wonderful effect on the native constitution, so that difficult cases, except in cholera, are not very common; consequently the proportion of cures to the number of patients has been greater than could reasonably be expected among a more civilized people.

As machinery is almost entirely unknown, and the people are of a timid disposition, surgical operations, such as results from accident, are comparatively rare. Diseases of the eye, and tumors of various descriptions, afford the principal field for the exercise of the surgeon's skill. The Hindoos, though they frequently manifest the most astonishing fortitude under self-inflicted torture endured from religious motives, often exhibit a surprising aversion to the knife—so much so, that a man who would dance before an idle multitude with a gun-bayonet thrust through his tongue, walk over burning coals with naked feet, or swing aloft in the air on hooks piercing the thick skin of his back, would nevertheless suffer perpetual blindness, or go down to a premature grave, rather than submit to a surgical operation. Religious fanaticism, and the shouts of an admiring multitude, afford an antidote to voluntary torture which the surgeon's knife does not possess. Disease, too, often cools one's ardor, and prostrates the powers of life to such an extent, that what might be endured with composure in health, would overpower the debilitated patient. The consequence was, that with the exception of an occasional operation for cataract, excision of a tumor, or the adjusting of a fractured or dislocated limb, few operations were called for.

*Painless surgery*, which may well be classed among "God's best gifts to man," and which should call forth the gratitude of every philanthropic heart, was just what was necessary for the poor effeminate Hindoos. On the first announcement of the application of ether as an anæsthetic agent, I lost no time in fitting up a rude inhaler; and appropriating the great discovery to the cause of suffering humanity. Only one case offered, however, for its exhibition, ere chloroform was announc-



ed. The inhaler was laid aside, and a quantity of the latter article obtained, as being safer and less difficult of application. It operated like a charm. The first case that offered was one of extensive necrosis of the tibia, in which a large portion of diseased bone was cut away with a carpenter's chisel and mallet, the patient in the mean time quietly taking a nap. The second was an amputation of the arm of a child above the elbow, during which the patient slept as quietly as though it had been soothed to sleep by its mother's lullaby.

The idea of painless surgery was new—it was almost miraculous. It took the people by surprise. Patients came pouring in from all directions, some from a distance of a hundred miles. Since that, my leisure has been pretty well occupied. During the hot and rainy seasons, when I have been constantly at home, we often had forty patients of a morning. As my other missionary duties are pressing, I have made it a rule that all should come at that time, except in cases of necessity—as in cholera, or in case of accident, when they are at liberty to call at any hour of the day or night; but so frequent are the interruptions at other times, that I have been under the necessity of erecting a palisade around my study to protect myself from intrusion. Only a small proportion, however, were surgical patients, and chloroform has been administered to but a few of those who have been operated upon.—As some danger attends its use, I have not employed it except in cases where the patients would not submit to an operation without it. The government surgeon here disapproved its use, on account of the fatal cases that had occurred. Still I determined to persevere, trusting the event to a kind Providence. Thinking that these accidents might have been the result of asphyxia, produced by the too sudden or too abundant introduction of the vapor into the lungs, I was careful to administer it in moderate quantities and very gradually. A handkerchief doubled in the form of a cone, sprinkled with thirty or forty drops, and applied loosely over the mouth and nose, seemed to secure the desired object, though three or four applications were often necessary. The result of this course was so satisfactory, that when, a few days since, I met, in your Journal, with Prof. Simpson's recommendation to administer it rapidly, and in large quantities, I still preferred my own plan though at variance with so high authority—and I was soon after not a little gratified to learn that the high authority of Dr. Mussey, was in favor of the views I had adopted.

No unfavorable symptoms have as yet occurred, and the application of hartshorn to the nose has been sufficient to restore the patient immediately to the natural state. One great

advantage which chloroform seems to possess, and which I have not seen noticed as yet, appears to me to consist in the alleviation of pain subsequent to the operation. It is well known that the after-pains in child-bed are often induced by the recollection of the sufferings of labor—and may it not be inferred that the sufferings which generally follow severe surgical operations may be induced or aggravated from a similar cause? I have been surprised at the slight degree of pain experienced by some of my patients. In the operation for necrosis, above mentioned, in which the parts were much lacerated, inveterate pain was experienced for a few hours, when it entirely subsided. In the case of arm amputation, no pain whatever was experienced. Several others have been nearly or entirely exempt, only complaining of soreness on pressure. In two or three cases I have been under the necessity of making some application in order to produce the necessary adhesive inflammation. I regret to add, that in one instance chloroform has failed. A woman, with cancer of the breast, took four drachms, which produced intoxication and apparent insensibility, but the first application of the knife painfully showed that the usual anæsthetic effects had not been realized. As I had previously given a dose of laudanum to assist the operation of the chloroform, I fancied that this might have been the cause of the failure; but a second trial, a few days after, resulted in a similar disappointment. As she could not be persuaded to submit to the operation while in a state of sensibility, the case was abandoned, and she went away to die.

A register of all cases treated has been kept the past season, the summary of which will give you a view of the extent of our operations from April to November, eight months:

Whole number of cases,	-	-	-	-	-	1751
Medical cases, -	-	-	-	-	-	1032
Surgical cases, -	-	-	-	-	-	719
Surgical operations, -	-	-	-	-	-	65
Operations under the influence of chloroform,						12

Among the medical cases, there were of fever, 109; cholera, 95; rheumatism, 95, syphilis, 29; dysentery, 29; diarrhœa, 27; indigestion, 139; consumption, 2; cough, 19; asthma, 13; cutaneous diseases, 64; spleen, 4; inflammation of the liver, 10; leprosy, 4; miscellaneous, 395.

A great porportion of surgical cases have been diseases of the eye, ulcers, affections of the joint, &c. Some of the principal operations are as follows:—Amputations—arm, 1; toe, 1. Dislocations—jaw, 1; elbow, 1. Fractures—arm above the elbow, 1; clavicle, 1. Cataract, 1. Pterygium, 20. Excision

of tumors, 12—including one cancer of the breast, and several others of large size, mostly under the influence of chloroform. Entropium, 5. Obliteration of arteries for the cure of local diseases, 10. Operation for the cure of hernia, 6.

As the Oriyas have no medical literature worthy the name, and their practice is mostly empirical; I have been anxious to introduce the principles of European practice so far as practicable. To facilitate this object, I published last year, a concise treatise on Anatomy Medicine and Surgery, which has been well received. This season, a class of young men, mostly native Christians, have been collected from different parts of the Province, to pursue a thorough course of medical study.—This class now numbers eleven, and there is a prospect of an increase hereafter. They devote their time entirely to study and the labors of the dispensary. They are supported mostly through the benevolence of the European public. As they have no text books, save the little one above mentioned, I am under the necessity of communicating the necessary instruction in the form of lectures. These are written down as delivered, and afterwards copied out by each student; In this way I hope to go through with a pretty thorough course of medical science, translating into Oriya, whatever may be necessary to prepare our students for the duties of the profession, so far as the diseases of this country are concerned.—Judging from present appearances, I think they bid fair to make good progress, as they pursue their studies and labors with an ardor never before manifested in any other cause.—Through the generosity of a few friends, the means for providing a small set of chemical apparatus have been obtained, which is now on the way from America.

As our Society renders no assistance for medical purposes, it has been somewhat difficult to obtain the necessary means for sustaining all our operations, but by sending circulars, soliciting donations throughout the Province, a nearly sufficient sum has been obtained for present purposes. Until this season I have never been able to obtain a farthing from the heathen for any benevolent purposes; but chloroform seems to have put them in so pleasant a mood, that they have recently contributed \$25 to provide medicines.

The influence of my medical labors, religiously considered, is, I think, highly favorable. They bring me much more in contact with the people, create a very desirable intimacy, and make them feel that I am their friend, and can do them good. All this prepares the way for the gospel, and opens their hearts to the influence of truth.

*Balasore, India.*

O. R. BACHELER.



## 8.—INCENDIARY MONOMANIA—PYROMANIA.

PYROMANIA is a name given by M. Marc, to the insane impulse to *destroy houses, churches, and other property by fire*. The following very singular case, which occurred several years since, in Connecticut, was, we are inclined to believe, an instance of this kind.

We were present at the trial, which was had before the Superior Court, at Danbury, in October, 1841; Judge Storrs presiding. The following account, most of which was published at the time of the trial in a newspaper in that vicinity, is to our knowledge correct.

The prisoner, Nathaniel Greenwood, in appearance, is an interesting lad, fifteen years of age, son of the Rev. Mr. Greenwood, of Bethel, a parish in Danbury. He came to this country with his parents, from England; and about three years ago settled in Bethel. The first year he attended the district school; the second year he entered as clerk in a store at Bethel, and the past year as a clerk in the post-office, which is also connected with a store. Up to the time of his arrest, he had been considered by the whole neighborhood as an upright, honest and inoffensive lad, beyond all suspicion of fault, and by his urbanity and attention to all with whom he had intercourse in consequence of his station, he had become a particular favorite, not only with his employer, but with the whole village.

In July and August last, there were repeated complaints by the citizens of Bethel, that money enclosed in letters at that office, for New York and other places, had been purloined from said letters, before reaching their places of destination. This gave Mr. Seely, the post-master, great uneasiness. He wrote to the Post Master General for advice on the subject; and took every measure he deemed possible, without success, to ascertain where the theft was committed; not suspecting for a moment that *his own clerk* was the guilty one.

The amount thus abstracted, at various times, which had come to the post-master's knowledge, by the 1st of September, had amounted to nearly *two hundred dollars*. On the night of the 22d of August, a barn belonging to Mr. Levi Bebee, was destroyed by fire, and an attempt made, without success, to destroy a barn belonging to Mr. Seely, in the same way.—As no doubt existed but that this fire was the work of an incendiary, it became a matter of much inquiry who could possibly be the guilty person; and this, in connection with the robberies committed upon the letters passing through the post-office, became the topic of general conversation; but no suspi-

cion up to the 1st of September, rested upon any one with any degree of confidence.

On the morning of that day, or the day following, about 9 o'clock, Mr. Seely found his store locked up, and on inquiry, discovered that Greenwood had absconded. Conviction of his clerk's guilt instantly flashed upon his mind, and on going into his lodging room, he found in the pocket of a coat or vest belonging to his clerk, three slips of paper, written upon, and as supposed, designed for his father, the Rev. Mr. Greenwood.—One paper read thus :

"You will be surprised to learn that I have eloped. The fact is, I fired Mr. Bebee's barn and tried to fire Mr. Seely's, but without success."

Another read thus :

"You will be surprised to learn that I have eloped; the fact is, I fired Mr. Bebee's barn, and tried to fire Mr. Seely's without success. I was bribed to fire the whole village, by an accomplice who lives within twenty miles of Bethel, but Providence"—

And the other read thus :

"You will be surprised to learn that I have eloped; the fact is, I fired Levi Bebee's barn and cannot bear the sight of him."

These papers confirmed the suspicion, and parties were dispatched in various directions in pursuit of Greenwood. He was found at the Norwalk Hotel the next morning, in bed and asleep.

On being aroused, and charged with the offence of burning the barn, he shed tears, and confessed the whole. In regard to the burning, he said he had an accomplice, but refused to give his name, who bribed him to commit the deed; said his accomplice came to him the night he burned the barn, and offered him ever so much money if he would burn the whole village; that the night after the barn was burned, he had another interview with him, and he gave him a roll of bills amounting to \$300. He gave an account of the various letters he had taken money from before they were forwarded from the post-office, and the amount from each. He named all Mr. Seely had any knowledge of, and several more which had not come to his knowledge, amounting in all to something like \$300. He had all the money with him, in the identical bills abstracted from the various letters. A pistol was also found in the pocket of his coat near his bed-side. On interrogation regarding it, he said if he had heard Mr. Seely's voice before he entered his room, he should have blown his own brains out with it.

On his way back to Danbury, with the gentleman who arrested him, he was told if he did not give up the name of his accomplice, he would be sent to the State Prison. On being repeatedly threatened, he gave the name of Mr. Carnes, of Brooklyn, with whom he said he was formerly acquainted.—He said he first met him in the street at Danbury; afterwards at a saw mill, and lastly, on the night of the fire as before stated. He also gave an account of his absconding; the cause, &c.; said that on the morning he left, he saw three men talking before the store; suspected they were talking about him; thought he heard his name mentioned, and he locked up the store and proceeded down the street towards Norwalk; saw Mr. Bebee's white horse fastened to the bars near the lime kiln, and he left the high-road and passed over the mountains, west; he wandered about awhile, and finally found his way to Redding, where he hired a man to take him to Norwalk, intending to go to New York.

Greenwood was taken before a magistrate, and on an inquiry bound over to the present term, on a charge of arson, and to the United States Circuit Court, next to be holden at New Haven, on a charge of robbing the mail. On neglect to give bail, he was committed to the jail in Danbury, where he has since remained.

While lying in jail he has exhibited no signs of contrition, but has preserved a great indifference upon all subjects; and when conversed with in regard to the crimes charged against him, would sometimes confess the whole freely, and state many particulars; and at other times deny all recollection of the circumstances.

The defence set up on the trial was "*Insanity*," and a great mass of testimony was introduced to sustain this plea.

Dr. A. Brigham, Superintendent of the Retreat for the Insane, at Hartford, was examined at great length. He had examined the prisoner several times in the jail; and noticed that his head was singularly small, that his eyes had an unnatural look, and his pulse constantly above one hundred and ten beats in a minute. From his repeated conversations with him, one of which was before the prisoner knew that he was to be a witness, together with the whole history of the case, the testimony, the age of the lad, his previous very good character, his attacks of epilepsy, and above all, his account of an accomplice, and the circumstances attending his firing the barn, which he would at one time relate with the utmost candor and apparent truthfulness, and then in a few hours, deny the whole, and deny that he had ever stated any such things, induced the Dr. to believe that the prisoner was laboring under a *diseased brain*.



Capt. Ford, late Superintendent of the Insane Asylum, at Bloomingdale, was also introduced as a witness, who testified to similar cases of lunacy to the one contended for on the part of the prisoner, having come under his observation.

It was also shown in proof, that the story about the accomplice was a matter of delusion, if honestly related, as such meetings could not have existed, and as no such man as Carnes was to be found.

It was also proved, that up to the age of eleven years he had been subject to fits of epilepsy, that he often had severe head-ache, and could not sleep unless his head was much elevated.

On the part of the State, it was contended that these contradictory stories, after the commission of the crime, his wanderings into the mountains, his total indifference in regard to the proceedings around him, &c., &c., did not tend to prove insanity at the time the crime was perpetrated, and the physicians of the town, and most all who knew the lad, were called upon, who testified to the good character of the boy, his correct business habits, and that during the time he had lived in the place, no one ever suspected but that his brain was as well developed as youth in general of his age, and no act of his had ever been noticed that indicated an insane mind.

During the trial, the prisoner sat in the prisoner's box, with the utmost unconcern in regard to what was going forward about him, and entirely unmoved with any remarks of witnesses or counsel on either side.

The testimony was ably summed up on the part of the State, by Hickok, of Danbury, and State Attorney Dutton, of Bridgeport; and on the part of the prisoner, by Booth, of Danbury, and Bissel, of Norwalk.

The Judge delivered a very impartial charge to the jury; who, after long deliberation, were unable to agree upon a verdict, and were discharged.

By some arrangement with the State Attorney, the case was never re-tried, but the young man was sent to England, where he had relatives, and where we understand he has lived ever since, and enjoyed good health, and conducted himself with the utmost propriety.

We have under our care, several persons who had manifested this insane propensity to destroy things by fire. In fact, the amount of property destroyed by those who are now insane and in this Institution, is sufficient to build a good Lunatic Asylum. But most of the so called *pyromaniacs* that have fallen under our observation, had also exhibited other insane and dangerous propensities. Some have been disposed to

steal, others to destroy by poison, and we are inclined to believe, that this insane propensity to burn is rarely the only one that is manifested, and are disposed to question the propriety of their being considered so marked and distinct as to require a separate name.

Most of the cases that we have seen, have occurred about the period of puberty;—a period that is apt to produce more or less constitutional disturbance; giving rise to very bizarre conduct, and sometimes to actual insanity. Some are hysterical, others are cataleptic or epileptic; and some conduct themselves in such a manner, that it is not surprising that they are supposed to be bewitched, or possessed of the devil.

We select from various authorities, a few instances of *Incendiary Monomania*.

“A most remarkable instance of this instinctive pyromania, was that of Marie Franck, who was executed for house-burning. The case was published in a German journal, from which it was cited by Dr. Gall. Within five years, Marie Franck fired twelve houses, and was arrested on the thirteenth attempt. She was a peasant’s daughter, of little education, and in consequence of an unhappy marriage, had abandoned herself to habits of intemperance. In this state, a fire occurred in which she had no share. From the moment she witnessed this fearful sight, she felt a desire to set fire to houses, which, whenever she had indulged in strong liquor, was converted into an irresistible impulse;—she could give no other reason, nor show any other motive for firing so many houses, than this impulse which drove her to it. Notwithstanding the fear, the terror, the repentance she felt, in every instance, she repeated the act. In other respects, her mind was sound.

“Another characteristic instance has been cited by Gall. A young girl, of a quiet and inoffensive disposition, and whose character had hitherto been exemplary, made several different attempts to burn houses in a village near Cologne. When interrogated as to the motives which had prompted her to act so wickedly, she burst into tears, confessing, that at certain periods, she felt her reason forsake her, that then she was irresistibly impelled to the commission of a deed, of which, when done she bitterly repented. She was acquitted by a jury, of all criminal intentions.

“In another instance, related by the same writer, this propensity was connected with imbecility, in the prison at Freyburg.

“The following instance is related in a well known English medical journal:—A girl, seventeen years of age, became a servant to Mr. Becker, on the 7th of February. Strange to

say, her master's house was discovered to be on fire several times, in the course of a few days after she began to reside there. The girl was dismissed, in consequence of her master supposing that she was bewitched. Soon afterwards, she got a place in another family, and it was not long before she again resorted to her incendiary practices. When charged with the offence, she at once confessed it, and was bitterly grieved at the damage and distress she had caused. The judge, before whom she was tried, very properly decided, that she was the victim of insanity."—*Prichard*.

"A servant girl, fifteen years of age, and suffering from nostalgia, twice committed the act of incendiarism, in order to leave her masters. She affirmed that from the moment of entering upon service, she was beset with the desire of setting something on fire. It seemed to her that a shade, constantly by her side, impelled her to this act. This girl suffered from violent pains in the head, and her menses were tardy. Henke, in the 7th vol. of his *Annals*, among many other examples, relates that of a girl twelve years of age, who thrice set fire to buildings, and purposely suffocated her infant.

"E. Platner states, that the female servant of a peasant, had twice committed incendiary acts, incited by an internal voice, by which she was constantly harassed, and which commanded her to burn something, and then destroy herself. This girl affirmed that she had regarded with composure and satisfaction, her first incendiary act. The second time, she hastened to give the alarm, and endeavored to hang herself. No other intellectual disorder was observed in the case of this girl. From the age of four years, however, she had suffered from spasms, which degenerated into epilepsy. A violent epileptic seizure had preceded by several days, the second act. No obscure insinuation, no opposition or mortification, had provoked this determination. She had hesitated for some days.

"In the 7th vol. of the *Annals* of Henke, it is stated that a female servant, on returning from a dance where she had been much heated, was suddenly seized with an incendiary impulse. She experienced great anxiety during the three days of irresolution, which preceded the act of incendiarism. She declared that she felt, on seeing the fire, a joy, the like of which, she had never before experienced.

"An apprentice to the business of a wheelwright, eighteen years of age, and living in the country, committed sixteen incendiary acts, in the course of four months. He always carried with him a sponge, and a thread saturated with sulphur; and, although, to satisfy his gluttony and pleasures, he might already have learned to steal, and was destitute of money, he



always refrained from robbery during the conflagrations he had kindled. He was not excited by any passions, but on the breaking out of the flames was greatly pleased, and his pleasure was greatly increased by the sound of the bells, the lamentations, clamors, cries, and confusion of the population. So soon as the bells announced the existence of a fire, he was obliged to leave his work, so violently were both mind and body agitated.—*Am. Jour. of Insanity.*

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9.—*Exsection and Disarticulation of the Lower Jaw for Osteo-Sarcoma.* By GEO. C. BLACKMAN, M. D., Fellow of the Royal Medical and Chirurgical Society of London.

ON the 25th of March last I removed one half of the lower jaw from a son of Mr. John P. Cole, of Wantage, Sussex Co., New Jersey. The boy was about fourteen years of age, and appeared to be in the enjoyment of tolerably good health.—About three years previously, his parents had first discovered a slight enlargement near the left angle of the jaw, and this had increased, till at the time of my visit it had attained the size of a goose-egg. The boy assured me that he had never suffered any pain in the tumor, and it was only on account of its recent rapid growth, that it had begun to be the source of much anxiety. I was informed that for the last six months its development had equalled that of the two and a half years which had preceded. On this account I advised its removal. With the assistance of the family physician, Dr. Cooper, and several physicians of the vicinity, I proceeded to operate. The patient having been very readily brought under the influence of chloroform, I made a semicircular incision which extended from the zygoma over the tumor to a point below the symphysis of the chin. The hemorrhage which followed this first incision was considerable, particularly from the facial veins.—That from the facial artery soon subsided of itself, without the application of a ligature. The bone having been exposed throughout its extent, was divided near the symphysis with a metacarpal saw, and the dissection along its inner surface completed to the articulation. Only one vessel, a branch of the internal maxillary, required to be tied. Although during the greater part of the operation the patient was insensible to pain, yet when it was completed he appeared to be greatly prostrated. He soon, however, rallied when the wound was tightly dressed, and he was put to bed. With the exception of a slight erysipelatous attack, his recovery was rapid, a considerable part of the wound having healed by the first inten-

tion. The lad called upon me last week, and now, nearly eight months after the operation, there is scarcely a vestige of deformity remaining. When viewed in front, the line of incision is completely concealed, and several persons who have examined him, were at first unable to decide on which side of the face the bone had been removed. Mastication is performed with the greatest ease on the right side, and in every respect the condition of the boy is most gratifying. The external surface of the bone removed was of a dark red color, and a section through its inner portion clearly revealed its osteo-sarcomatous nature. Contrary to our expectations, nearly the whole body of the ramus was involved in the disease.

What advantage could possibly have been derived in this case from the ligature of the primitive carotid as a preliminary step in the operation? In another case, where some four weeks previously we were obliged to disarticulate the bone, only one ligature was required; and judging from the little difficulty of guarding against any serious hemorrhage, which was found in both these cases, in future operations of the kind, we certainly should hesitate before we attempted to carry out the recommendation of Dr. Mott to secure the carotid, or the proposition of Mr. Liston to tie the common trunk of the temporal and internal maxillary. As the final result of the other case to which we have referred is still uncertain, we defer its report to a future number of the *Journal*.—*Am. Jour. of the Med. Sciences.*

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## PART THIRD.

### FOREIGN INTELLIGENCE.

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#### PRACTICAL MEDICINE, &c.

- 1.—*On the utility of Alkalies in the treatment of Rheumatism.* By J. I. FURNIVALL, M. D., of Holloway.

Some remarks on the treatment of rheumatism by alkalies have been recently published in *THE LANCET*. I have now for nearly twenty years, been in the habit of treating rheumatism by means of alkalies, (the liquor potassæ, the carbonate, bicarbonate of potass or soda;) and as cases have multiplied in my practice during that long period, I have become more and more satisfied of their efficacy in preventing the supervention of heart disease; while as to their value in curing rheumatism, I beg to refer to reports published about a year ago, by Dr. Wright of Birmingham.

I have seldom used them alone in severe and threatening cases, though Dr. Wright has done so with great success; but considering that the inflammation and pyrexia were the effects or concomitants of the peculiar state of the blood in rheumatic fever, to remove which state alkalies are recommended, I have combined with the alkalies various other remedies—colchicum, to remove pain and lower excitement, mercury sometimes, &c.

The results of my clinical observations have been these,—

First. That no case of supervening heart disease has ever occurred in my practice since I have administered alkalies in rheumatic cases; nor will they, in my opinion, if the concomitant inflammation and fever have at the same time been properly attended to.

Secondly. That many cases of rheumatic fever are on record, which have been energetically treated by medical men of eminence, but without the use of alkalies, in which heart disease has ensued, and proved fatal.

Thirdly. That mercury and colchicum, separate or combined, and either or both pushed to their utmost extent, will not secure the patient from heart disease, without the addition of alkalies.

Now, seeing that heart disease is a dreadful affliction, (in the poor man overpoweringly so,) seeing that its supervision is not merely confined to acute cases of rheumatic fever, and that it may arise in all cases of rheumatism, even in those seemingly slight forms of chronic pains; and seeing that alkalies may easily be combined with other remedies in the treatment of rheumatism, I would again press on my medical brethren the necessity of prescribing alkalies in all cases of rheumatism.—*Lancet*.

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## 2.—Treatment of Cholera by Chloroform in Peckham House Asylum.

Dr. JAMES HILL states that the chloroform, the use of which was first suggested by Mr. Francis Ferguson, the assistant-surgeon of the Peckham House Asylum, has been employed in ten cases of malignant cholera with perfect success, and has likewise received the sanction of Dr. Clutterbuck, the visiting physician, and Mr. Fidler, the visiting surgeon of the establishment.

The disease first broke out there in a malignant form on the 19th inst. (one mild case having appeared two days before,) when four cases occurred, two of which proved fatal, the one in seven and the other in eleven hours. On the following morning a new case occurred, in a very aggravated form, characterized by incessant vomiting and cramps, violent purging, universal coldness and blueness of skin, and general collapse.

Seeing that the most approved methods of treatment were of no avail, either in this case or in those attacked the previous day (another of whom was fast sinking,) and that this patient must likewise assuredly sink ere long, unless relief were obtained, Mr. Ferguson suggested the employment of chloroform by inhalation, under the influence of which she was then placed, (in one hour after being attacked,) with the abatement of every bad symptom; the nervous system being immediately tranquilized, the vomiting and cramps ceasing, the purging being checked, and the heat of the body returning.



"This success," says Mr. H., "encouraged us to persevere; and we have now employed it in ten cases of malignant cholera with complete success, six having perfectly recovered, and four being convalescent.

"In two of the fatal cases it was also used, but in them the patients were both sinking before the remedy was thought of.

"In the asylum we have had in all seventeen cases of malignant cholera; of whom five have died, eight have recovered, and four remain under treatment, but are now convalescent.

"The following is our usual mode of treatment:—Place the patient in bed in warm blankets; give a glass of brandy in hot water, with sugar, and spice; apply friction to the body by means of warm flannels; and an embrocation composed of liniment. saponis comp., liniment. camphoræ, comp. tinct. opii, and extract. belladonnæ; apply to the whole surface of the body, bags filled with heated bran; place the patient under the influence of chloroform by inhalation, and keep him gently under its effect as long as the bad symptoms recur, (which they frequently do on its effect ceasing and his regaining consciousness.) Give in the intervals small quantities of brandy and water, and thin arrow-root or milk for nourishment, along with milk and water, or soda water with a little brandy for drink. Avoid everything else in the shape of medicine, and trust to the efforts of nature in rallying from the poison of the disease.

"Of course, great caution is necessary in administering the chloroform, and in not pushing it too far. In some instances the patient will sleep for twenty minutes or half an hour—in others, for several hours; and on awaking will again be seized with a return of the vomiting and cramps, when the chloroform must again be resorted to, and the patient kept in great measure under its influence till these symptoms abate. One of our cases required its use at intervals for twenty-four hours. Again, the reaction after its use may be so great as to require gentle blood-letting; which occurred in two of our cases, both being persons of full habit of body and sanguine temperament, the one a nurse, and the other a male farm servant.

"Should the simple apparatus commonly used in the hospitals for administering it not be at hand, a small teaspoonful may be poured upon a towel, and will answer very well. That which we use is of great purity, and procured chiefly from Messrs. Gifford and Linden, chemists, 104, Strand."—*Dublin Med. Press*, Nov. 8, 1848.

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### 3.—*Directions Relative to the Prevention and Treatment of Cholera, by the Royal College of Physicians of London.*

The Royal College of Physicians of London, feeling that, on the re-appearance of epidemic cholera in England, the public may naturally look to them for advice and guidance, have deemed it proper to appoint a cholera committee, composed of physicians who hold important offices in the metropolitan hospitals, or who had extensive experience of the disease at its last visitation, to consider what measures it is expedient to adopt, with a view of preventing the spread of the disease, and of otherwise mitigating its evils.

The committee thus formed have, in compliance with the wish of the College, drawn up the following remarks and instructions, for the information of the public:

1st. Cholera appears to have been very rarely communicated by personal intercourse; and all attempts to stay its progress by cordons or quarantine have failed. From these circumstances, the committee, without expressing any positive opinion with respect to its contagious or non-contagious nature, agree in drawing this practical conclusion; that in a district where cholera prevails, no appreciable increase of danger is incurred by ministering to persons affected with it; and no safety afforded to the community by the isolation of the sick.

2d. The disease has almost invariably been most destructive in the dampest and filthiest parts of the towns it has visited. The committee would therefore urge on the public authorities the propriety of taking immediate steps to improve the state of sewers and drains;—to cover those which are open:—and to remove all collections of decaying vegetable and animal matter from the vicinity of dwellings. They would also impress on individuals, especially of the poorer classes, the great importance of well-airing their rooms, and of cleanliness in both their dwellings and persons.

3d. A state of debility or exhaustion, however produced, increases the liability to cholera. The committee, therefore, recommend all persons, during its prevalence, to live in the manner they have hitherto found most conducive to their health; avoiding intemperance of all kinds, and especially the intemperate use of ardent spirits and other intoxicating liquors. A sufficiency of nourishing food, warm clothing, and speedy change of damp garments, regular and sufficient sleep, and avoidance of excessive fatigue, of long fasting, and of exposure to wet and cold, more particularly at night, are important means of promoting or maintaining good health, and thereby afford protection against the cholera.

The committee do not recommend that the public should abstain from the moderate use of well-cooked green vegetables, and of ripe or preserved fruits. A certain proportion of these articles of diet is, with most persons, necessary for the maintenance of health; and there is reason to fear, that if they be generally abstained from, now that the potato crop has in a great measure failed, many persons, especially amongst the poor in large towns, will fall into that ill condition which in its highest degree is known as scurvy, and that they will in consequence be the readier victims of cholera. The committee likewise think it not advisable to prohibit the use of pork or bacon, or of salted, dried, or smoked meat or fish, which have not been proved to exert any direct influence in causing this disease. Nothing promotes the spread of epidemic diseases so much as want of nourishment; and the poor will necessarily suffer this want, if they are led to abstain from those articles of food on which, from their comparative cheapness, they mainly depend for subsistence.

On the whole, the committee advise persons living in districts in which cholera prevails, to adhere to that plan of diet which they have generally found to agree with them, avoiding merely such articles of food as experience may have taught them to be likely to disorder the stomach and bowels.

4th. The committee are unable to recommend a uniform plan of treatment to be adopted by the public in all cases of looseness of the bowels, supposed to be premonitory of cholera. It is, doubtless, very important that such ailments should be promptly attended to; but since they may arise from various causes, of which a medical man can alone judge, the committee deem it safer that persons affected with them should apply at once for medical assistance, than that they should indiscriminately use, of their own accord, or on the suggestion of unprofessional persons, pow

erful medicines, in large and frequently repeated doses. Should the looseness of the bowels be attended with feelings of great exhaustion and chilliness, the person should, of course, be placed in a warm bed, and the usual means of restoring warmth to the body be assiduously employed, until professional advice can be obtained.

5th. In order that the poor may have the means of obtaining such assistance promptly, the committee recommend that the proper authorities should at once establish dispensaries in those parts of the town which are remote from the existing medical institutions; and that they should also take steps to provide distinct cholera hospitals, which it will require some time to organize, and which they believe will be found to be absolutely necessary, should the epidemic prevail in this metropolis with a severity at all approaching that which it manifested on its first appearance in England. The committee wish it to be clearly understood, that they do not recommend the establishment of such cholera hospitals, on the ground of effecting the separation of the sick from the healthy, and of thus preventing the spread of the disease; but solely in order that, should the epidemic prove severe, proper attendance and prompt treatment may be ensured for the sufferers from cholera among the poorest and most destitute class. The existing hospitals, even if the authorities should consent to the admission of persons ill of cholera, could not furnish the requisite accommodation, unless they were shut against persons laboring under other severe diseases—a measure which, at the approach of winter especially, would add much to the distress of the poor.

6th. In conclusion, the committee would urge on the rich, who have comparatively little to fear for themselves, the great duty of generously and actively ministering to the relief of the poor, while the epidemic prevails; bearing in mind that fuel and warm clothing, and sufficient nourishment, are powerful safeguards against the disease.

They deem it most desirable that the parish authorities should at once improve the diet, and increase the comforts of the poor under their charge, and that the wealthy should form societies for the supply of food, clothing, and fuel to those who, though not paupers, still need charitable assistance in the present emergency.

Such measures, which it is the duty of those possessed of power and wealth to adopt, would, the committee believe, if liberally carried out, deprive the cholera of half its victims.

JOHN AYRTON PARIS, President.  
FRANCIS HAWKINS, Registrar.

College of Physicians, Oct. 28, 1848.

*Prov. Med. and Surg. Jour.*, Nov. 15.

#### 4—On the Treatment of Worms in Children.—By Dr. C. WEST.

[The symptoms said to indicate the presence of worms, are most of them, Dr. West remarks, of small value; and nothing short of seeing the worms can be regarded as affording conclusive evidence of their existence. When, however, the symptoms usually enumerated continue with varying severity for several weeks together, we have reasonable ground for suspecting the presence of worms, and as Dr. West observes:]



Fortunately the *treatment* which the general symptoms would lead us to adopt will be in a great measure such as, if worms exist, will prove most efficacious in producing their expulsion. The capricious appetite will induce us to regulate the diet with care; the disordered and generally constipated state of the bowels will lead to the employment of alteratives, and to the occasional administration of brisk cathartics; while the absence of febrile symptoms will probably seem to warrant the employment of some of the preparations of iron. These remedies will in many instances not have been continued long before the appearance of worms in the motions encourages us to persevere in the same treatment. The combination of ferruginous preparations with active purgatives, is a plan especially effective in cases where the lumbricoid entozoa are present, and is likewise of much service in getting rid of the ascarides which inhabit the rectum, and in preventing their reproduction. The latter worms, however, need to be assailed in their habitation; and, from the circumstance of their living in the lower end of the rectum, this is a sufficiently easy task. Enemata of lime-water usually answer the purpose of destroying them; but, should they fail, the addition of some two drachms of the muriated tincture of iron to the clyster is tolerably sure to make it effective. In young children these ascarides sometimes not merely occasion much itching and distressing irritation about the anus, but even produce a troublesome diarrhoea, attended with considerable tenesmus. Under such circumstances, the lime-water injection should be administered daily for two or three days together; while, at the same time, small doses of the castor oil mixture every six or eight hours will soothe the irritation of the bowels. In female children these ascarides sometimes creep up the vulva, and not merely cause much irritation there, but sometimes excite a leucorrhœal discharge, which ceases on the expulsion of the worms.

The alarming symptoms of cerebral disturbance which have sometimes been produced by worms in the intestinal canal, have resulted more frequently from the presence of the round worm than of other varieties of these entozoa. This, however, is not always the case; and in the only instance that has come under my observation, in which the occurrence of convulsions seemed clearly traceable to the presence of worms in the intestines, the small thread-worms were the cause of the symptoms.—Apart from the knowledge which we have in many of these cases, that the child had previously been afflicted with worms, there is nothing in the symptoms which could enable us at once to distinguish between convulsions from this cause and those which result from some other source of irritation of the nervous system. In most instances, however, the child has passed worms frequently before the cerebral symptoms made their appearance, and not improbably was under treatment for the destruction of these parasites at the time when the nervous symptoms supervened. Even though this be not the case, the constipated state of the bowels which is almost sure to have preceded the occurrence of the convulsions, indicates the employment of active purgatives—remedies which in most instances remove together these symptoms and their cause, although convulsions apparently induced by the presence of worms have sometimes had a fatal termination.

The tænia is, as was stated, much less common in childhood than after puberty; and in the few cases in which I have met with it during early life, I have been reluctant to try that heroic remedy, turpentine and castor oil, which is so serviceable in procuring the expulsion of tape worms in the adult. I have been accustomed to employ the decoction of

the bark of the pomegranate root in  $\mathfrak{zj}$ . doses three times a day to a child of seven years old, interrupting its administration twice in the week, in order to give a purgative of scammony and calomel. Under this plan, pursued for several weeks together, large quantities of the worm have been voided, and the children have appeared entirely freed from this very troublesome parasite. I have not yet made trial of the administration of a dose of the decoction or powder of the pomegranate bark every hour for four or five successive hours, as recommended by Mr. Breton,\* who brought the remedy into notice in this country. I purpose, however, making a trial of this method on the next occasion that may offer, since the effects of the remedy, when thus administered, appear to be surer, as well as more speedy, than when it is given at long intervals.

—*Medical Gazette in Braithwaite.*

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## SURGERY.

### 5.—*The Treatment of Venereal Diseases.*

*Formulary of the Hospital du Midi, as collected by the Reporter of M. Ricord's Lectures in the Summer of 1847.*

#### NON-VIRULENT DISEASES.

1. *Injection for balano-posthitis.*—Make three injections a day between the glans and prepuce with the following fluid:—Distilled water, three ounces; nitrate of silver, two scruples.

2. *Abortive treatment of blennorrhagia.*—Make one injection only with the following liquid:—Distilled water, one ounce; nitrate of silver, fifteen grains. And take every day, in three doses, the following powder: Cubebs, one ounce; alum, thirty grains.

3. *Injection for blennorrhagia when the period for the abortive treatment is passed.*—Make three injections daily with the following liquid:—Rose-water, six ounces and a half; sulphate of zinc, and acetate of lead, of each, fifteen grains.

4. *Internal treatment of blennorrhagia.*—Take one tablespoonful of the following emulsion three times a day:—Copaiba, syrup of tolu, and syrup of poppies, of each, one ounce; peppermint-water, two ounces; gum arabic, a sufficient quantity; orange flower-water, two drachms.

5. *Acute stage of blennorrhagia.*—Twenty leeches to the perinæum; bath after the leeches; refreshing drinks; rest in bed; low diet; suspensory bandage. Take one of the following pills four times a day:—Expressed and inspissated juice of lettuce (*lactuca sativa*) and camphor, of each, forty-five grains; make twenty pills.

6. *Gleet.*—Make every day three injections with the following liquid: Rose-water, and Roussillon wine, of each, six ounces; alum and tannin, of each, ten grains.

7. *Subacute epididymitis.*—Rub the testis twice a day with the following ointment:—Stronger mercurial ointment, and extract of belladonna, equal parts of each; a poultice to the part after the ointment, and rest.

8. *Acute epididymitis.*—Fifteen leeches to the perinæum, and the same number in the groin corresponding to the affected epididymitis; bath after the leeches; barley water for common drink; low diet, rest and poultice.

9. *Chronic epididymitis*.—Apply Vigo's plaster to the testes, and wear a suspensory bandage. (Simple plaster, yellow wax, pitch, ammoniacum, bdellium, olibanum, mercury, turpentine, liquid styrax, and volatile oil of lavender, are the component parts of Vigo's plaster.—*Reporter of Lectures*.)

#### VIRULENT DISEASES—PRIMARY SYMPTOMS.

CHANCRES.—10. *Abortive treatment of chancre*.—Within the first five days of the contagion, destroy the chancre with potassa fusa cum calce (pâte de Vienne.)

11. *Regular non-indurated chancre*.—Frequent dressing with the aromatic wine,\* extreme cleanliness, occasional light cauterization with the nitrate of silver. Rest, demulcent drinks; when there is inflammation, antiphlogistics, purgatives, and emollient applications. (N. B. No Mercury.)

12. *Phagedænic chancre*.—Complete cauterization with the nitrate of silver, the liquid nitrate of mercury, the potassa cum calce, or the hot iron, according to circumstances. Afterwards lotions with aromatic wine, three ounces; extract of opium, three grains; or, aromatic wine, eight ounces; tannin, thirty grains; or, distilled water, three ounces; tartrate of iron and potash, four drachms; or, in the scrofulous diathesis, distilled water, three ounces; tincture of iodine, one drachm; or, sulphur ointments, and sulphurous baths. Internally—tartrate of iron and potash, one ounce; distilled water, eight ounces. One ounce three times a day.

13. *Indurated chancre*.—Three dressings a day with the following ointment:—Calomel, one drachm; axunge, one ounce. (N. B. Mercury is used internally for the *indurated* chancre; as to the mode of administration, see secondary syphilis, No. 21, as the metal is given in the same manner in both cases.)

BUBOES.—14. *Acute non-specific adenitis, or inflamed bubo*.—Twenty leeches on the tumor, emollient cataplasms, barley water as ordinary drink, rest, broths. If fluctuation be detected, let out the purulent matter by a free incision.

15. *Abortive treatment of the bubo consecutive, by absorption of the virus, to the non-indurated chancre*.—Deep cauterization, of ten minutes duration, with the potassa fusa cum calce, and await the fall of the eschar. (N. B. Analogous to the early destruction of chancre.)

16. *Bubo consecutive to the non-indurated chancre, which inevitably suppurates*.—Use antiphlogistics according to circumstances, and then free the purulent matter by cauterization with potassa fusa; gradually destroy afterwards, by the use of caustics, the glandular mass which lies at the bottom of the open bubo. To the poultices used after cauterization may be added an ointment of equal parts of extract of belladonna and mercurial ointment.

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\*Aromatic wine, (Parisian codex.) Aromatic species, (viz. the dried tops of the sage, balm, thyme, wild thyme, marjoram, hyssop, peppermint, wormwood,) two parts; vulnerary spirit, (viz. alcoholic distillation of anthyllus vulneraria, origanum, gnaphalium dioicum, arbutus uva ursi, and several others, known under the name of vulnerary flowers, and largely exported through Europe, by the Swiss, for popular purposes,) one part; red wine, sixteen parts. Macerate for a few days, then filter.



17. *Horse-shoe bubo and gangrene*.—Horse-shoe and phagedænic ulcers in the groin, resulting from a suppurating bubo, require the dressings mentioned in No. 12. Gangrene:—Chloride of lime, one ounce; distilled water, three ounces. This lotion is to be used several times a day. Or, powdered charcoal, powdered Peruvian bark, equal parts of each, to be thickly applied to the sore.

PREPUTIAL COMPLICATIONS.—18. *Phimosis*.—Inject between the glans and prepuce the aromatic wine with opium, as mentioned in No. 12, and use emollient and sedative applications; if gangrene be imminent, operate.

19. *Paraphimosis*.—Keep the organ raised, and surround it with cold compressors. Bland diet, refreshing drinks; endeavor to reduce or free the constriction by an incision, according to circumstances. After the strangulation is relieved, use emollient and antiseptic applications; combined with opium.

SCROFULOUS COMPLICATIONS.—20. Order every day the following emulsion in three equal doses:—Iodine, three grains; oil of sweet almonds, one ounce; gum arabic, a sufficiency; almond emulsion, three ounces.

#### SECONDARY SYPHILIS.

21. Order every day three tumblers of decoction of saponaria leaves, and put into each tumbler one tablespoonful of sirop de cuisinier, (N. B. Sirop de cuisinier: sarsaparilla, borage and white rose leaves, senna, aniseed, honey, and sugar;) and take every day one of the following pills: Proto-iodide of mercury, inspissated juice of lactuca sativa, of each, forty-five grains; extract of opium, fifteen grains; extract of hemlock, one drachm and a half. Mix, and make sixty pills.

22. *Slight Stomatitis*.—To gargle three times a day with the following liquid:—Decoction of lactuca sativa, five ounces; honey, one ounce and a half; alum, one drachm and a half.

23. *Mercurial Stomatitis*.—To gargle three times a day with the following liquid:—Decoction of lactuca sativa, five ounces; honey, four drachms; hydrochloric acid, fifteen drops.

24. *Salivation*.—Order every day one drachm of flowers of sulphur, incorporated with honey. As a common beverage, the nitric acid lemonade. Gargle three times a day with decoction of lactuca sativa, five ounces; honey, four drachms; hydrochloric acid, fifteen drops.

25. *Mucous patches in the mouth*.—Gargle three times a day with decoction of hemlock, six ounces and a half; bichloride of mercury, three grains.

26. *Mucous tubercles around the anus (condylomata)*.—Put twenty leeches to the perinæum. Take every evening a small enema of a decoction of poppy-heads, cold, and mixed with twenty drops of laudanum. As an habitual beverage, take linseed tea, sweetened with sugar-and-almond emulsion.

27. *Vegetations*.—Put twice a day on the vegetations, the following powder:—Powdered savine, oxide of iron, calcined alum, of each, one drachm.

#### TERTIARY SYPHILIS.

28. Order one tumbler of decoction of saponaria three times a day. In each tumblerful put a tablespoonful of the following syrup:—Syrup of sarsaparilla, one pint; iodide of potassium, one ounce.—*Lancet*.

## PART FOURTH.

## BIBLIOGRAPHICAL NOTICES AND REVIEWS.

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- 1—A TEXT BOOK OF PRACTICAL ANATOMY. By ROBERT HARRISON, M. D. M. R. I. A., &c. &c., with additions by an American Physician; with numerous illustrations. New York, Saml. S. and William Wood, 1848.

When we first opened this book we supposed it was a new candidate for public favor, the first line of the preface undeceived us. It is only a new but enlarged and more perfect edition of that most excellent work, the Dublin Dissector. It is now one of the very best of the numerous treatise on practical anatomy. The different parts and organs are taken up and described in the order in which the student will meet with them in the dissecting room. This, to the practical student, is a very great advantage. The additions by Prof. Watts, especially his grouping of the muscular system, are very convenient and valuable. The recent improvements and discoveries are fully posted up, and the work is altogether such an one as every student should possess.

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- 2 —SUMMARY OF THE TRANSACTIONS of the *College of Physicians of Philadelphia, from Sept. 6, 1848, to January 2, 1849.*

We acknowledge our obligations to the gentleman who sent us the above pamphlet. Nothing tends more directly and surely to the elevation of the profession, than the frequent meeting together, and interchanging of views and feelings, of its members. The Phila. College of Physicians is a good illustration of this remark. The numerous Transactions of the College are always full of interest, and always exhibit an earnestness and a vitality on the part of its Fellows, which accounts very fully for the proud position universally conceded to the Faculty of the Quaker City.

The present pamphlet contains the record of the proceedings of five stated meetings of the College. Discussions and conversations concerning prevailing diseases, the narration of particular cases, and frequent Reports of Committees on the different departments of Medicine and Surgery, make up the body of the Transactions.

The "Transactions" as they appear, ought to find a place in every physician's library.

- 3.—LECTURES ON FRACTURES AND DISLOCATIONS:—Explaining new modes of treatment, founded on Anatomy, Physiology, and the Laws of Mechanics; together with concise instructions in the use of *The Adjustor*. By GEORGE O. JARVIS, M. D. Fifth Edition. Birmingham, Thomas M. Newson, 1848, pp. 92.

The lectures contained in this pamphlet were delivered at the Royal Westminster Ophthalmic Hospital, Charing Cross, London, and were first published in the *London Lancet*. They are now reprinted, with the additions indicated in the title-page, to accompany the instrument invented by the author, for the purpose of reducing its principles to practice—*Jarvis' Surgical Adjustor*. The instrument is also accompanied by several large lithographs, illustrating its modes of application, which, however, are but repetitions on a larger scale, of the engravings in the pamphlet.

There is probably no subject in Surgery of equal importance, on which the opinion of the profession is so much unsettled and divided, as that of the *Treatment of Fractures*. These accidents are of frequent occurrence, and the attention of surgeons necessarily much directed to them. The legitimate result has been the contrivance of almost innumerable plans and modes of treatment, none of which, however, have secured or retained the approval of the whole profession; a sufficient indication that there is yet room for improvement upon them. We believe that none of them, though all based upon correct principles in part, are free from many and grave objections.

Numerous, however, as are these methods in the variation of their details, and modifications of apparatus, the principles upon which they are based are few. The points of difference, indeed, are but two; they are therefore all referable to two classes. Bandages and splints, for maintaining coaptation, are common to both classes; in addition to which, the French surgeons generally, as taught by Desault, employ continual extension, in the straight position of the limb. Mr. Pott, conceiving the principal cause of secondary displacement to be the action of the muscles attached to the fragments, which were put upon the stretch when the limb was extended, sought a remedy in relaxation of those muscles, by placing the limb in a semi-flexed position. Most English Surgeons practice on the same plan. Hence we may be said to have an English school, and a French school in the surgery of fractures, which teach different principles—employ different means—the one *position*, the other *extension*—each to the exclusion of the other.

Between these two schools the whole surgical world has hitherto been divided. Individual surgeons have “trimmed” between them, and the double-inclined plane, so arranged as to admit of extension from the extremities of the limb, is an imperfect combination of the two, without the full advantage of either; in which something of one is sacrificed to gain something of the other. It remained for Dr. Jarvis, first to advocate the



essential soundness, and equal, or nearly equal, importance of *both* these principles, and that neither should give place to the other; and by his admirable invention—the *Adjustor*—to provide us with the means of a complete and harmonious combination of the two, in practice. May we not, claiming the merit of the inventor for his country, call this the *American school*?

It is not our design to enter into a discussion of the relative, or intrinsic importance of these distinct principles, or of the diverse methods of treatment founded upon each respectively; but we cannot dismiss them without a brief review of the disadvantages arising from the neglect or violation of each of them, and thus to demonstrate the necessity of their combination; and finally, to show how happily the desideratum is applied by the Surgical Adjustor.

The disadvantages, then, of the straight splint of Desault, and of all other apparatus operating on the same principle, are:

1st. That the fragments are subject to a constant tendency to displacement, from the action of powerful muscles which are kept tense.

2d. That a great amount of force, otherwise unnecessary, must be employed to overcome these muscles already on the stretch, before the limb can be brought to its normal length, and this force must be kept up to maintain the extension.

3d. That the parts articulated with the fractured bone being made the points of extension and counter-extension, the ligaments, &c. of at least two joints, are put and kept upon the stretch, and motionless during the whole period of treatment, for weeks and sometimes months; the obvious and sufficient cause of the stiffness and lameness, often obstinately persisting after this tedious treatment.

4th. The distressing and not altogether innocuous, rigid confinement to a single unvarying, and perhaps inconvenient position through a long treatment.

On the other hand, the want of extension is productive of not less serious evils. For, notwithstanding all that Mr. Pott has said, no position can be found, in which *all* the muscles acting upon the fractured bone, and tending to its displacement, can be put in a state of absolute repose. Moreover, there are other causes operating to cause displacement, such as the weight of the limb itself, unless the arrangements for its support are more perfect than is ordinarily practicable, and the various unavoidable movements of the patient. It is plain that no reasonable or sufferable tension of bandages, or rigidity of splints, can prevent the ends in an oblique fracture from slipping past each other by the contraction of the surrounding muscles, however well chosen the position; or in a transverse fracture, from making an angle, by the weight of the limb, or external force. As a matter of fact, we see very many of the fractures so treated, followed by permanent shortening of the limb, and not a few by

yet more serious deformity. Nothing can supply the place of extension to preserve the limb of its natural length and natural shape. No other available appliances can give it the steadiness so essential to speedy reunion, which it has while held "taut," the force acting in a line exactly parallel to the shaft of the broken bone. Extension "round a corner" can never answer the purpose; as when force is employed upon the foot in treating fractures of the thigh on the double-inclined plane. The evils of this are too palpable to need exposition.

It is no exaggeration to say that all these disadvantages are completely obviated by Dr. Jarvis' Adjustor.

This instrument may be described or defined, to be an *efficient engine for extension*, so arranged that it may be *applied to any limb in any position*, either of the limb or the patient, that may be necessary or convenient; *admitting motion* of the limb, when applied and in operation; having its points of attachment *within the limits of the fractured bone*; therefore making extension only in the line of the shaft of that bone, and exerting no force upon either of its articulations. In this brief statement of its powers and applications, we believe, are to be found the terms of the remedy for each of the difficulties above pointed out, as necessarily attendant on the old methods.

Thus far we have considered the use of this instrument in the treatment of fractures only; but its ability is not limited to this; in the reduction of dislocations, its superiority over all other means for making powerful extension is quite apparent. Our limits will not allow us to dwell upon this topic. We have only space left to sum up in a few words the advantages of the instrument in its applications to both classes of accidents.

1st. The universality of its application, for the reduction of all dislocations, the adjustment of all fractures, and for maintaining coaptation, where extension is requisite to the accomplishment of either of those ends. By means of the various, but not numerous or complicated, appendages, the Adjustor may be made available with equal facility, in reducing a dislocation of the hip or of the thumb, and in procuring and maintaining coaptation of broken bones of whatever size, from the thigh to the patella.

2d. The mechanical multiplication of physical strength, to furnish an extending force illimitable in principle, and in practice sufficient for any occasion, perfectly under the control of the operator, because entirely in his own hands; by which extension may be made, maintained indefinitely, or relaxed, entirely at his pleasure. The force may be applied either rapidly or slowly, and to any required degree.

And when required, another force acting at right angles to the first, may be employed, also completely under the control of the operator.

3d. The efficiency of its operation in any position, and during any change of position of the limb, or of the patient. Hence in fractures the position may be chosen most favorable to the relaxation of the muscles, and the ease of the patient; and in dislocations, any movements or manipulation, necessary to complete the reduction, may be made without relaxation of the extension already made, or even its interruption, if in progress.

Hence also, a comparative liberty during long treatment, otherwise a tedious confinement.

4th. The limitation of the extending force to the bone or bones implicated in the accident. No unnecessary and injurious force is wasted by making traction in a direction oblique to that in which extension is desired; no bone is made a lever, or any soft part a fulcrum for such unphilosophical and unsurgical operations; no sound joint has its ligaments unrelentingly stretched, till it would be unreasonable to expect it ever to do its duty again.

5th. The facility of its application in any place; in the field, or on the ship's deck, in the private parlor, or by the way-side, as readily and as well, as in the surgical ward of a hospital; no fixed points being required for its attachment, and the whole being easily portable, and complete by itself.

With this brief summary of the advantages to be obtained by the use of the Adjustor, we take leave of the subject, heartily commending it, and the new doctrine of its inventor on the subject of Fractures especially, to the favorable regards of the profession.

It is gratifying to learn, as we do, from the certificates and notices appended to these Lectures, that this product of American ingenuity and science, has been very favorably received by our transatlantic brethren, and that such men as Samuel Cooper, Bransby B. Cooper, Sir Benjamin Brodie, Quain the Anatomist, and W. Ferguson—names familiar and of high authority in Surgery—and many others, have expressed themselves upon it in unqualified terms of approval.

It is moreover a source of just pride and gratification to the American Surgeon, that not only the Adjustor, but also the two other most important improvements in his art, of the present decade, are of American origin. These are, 1st, *The Inhalation of Anæsthetic Agents*—for, though Chloroform has superseded all others, Ether and Nitrous Oxide are elder sisters of the same family, and the Edinburg Professor would never have thought of employing the former, had not the Yankee Doctor first demonstrated the practicability, utility and safety of the latter—and 2d, *The Liquid Adhesive Plaster, or Ethereal Solution of Gun Cotton*. The three together are almost sufficient to make a new era in the Chirurgical Art.

E. C. B.



## 4.—INTRODUCTORY LECTURES.

1. A Discourse on the Influence of Diseases on the Intellectual and Moral powers. College of Physicians and Surgeons, New York. By JOSEPH MATHER SMITH, M. D., Prof. of Theory and Practice of Physic and Clinical Medicine.

This lecture possesses one quality which we are pleased to see—unity of design and execution. The able author selects a very important and difficult subject of discourse, and adheres to it throughout the lecture.—We have read it with much pleasure, and think it richly worthy a permanent place in our medical literature.

2. Introductory Lecture to the Course of Clinical Instruction in Surgery at the Penn. Hospital, Nov. 1, 1848. By GEO. W. NORRIS, M. D., one of the Surgeons of that Institution.

It has been said that the character of a man is best studied in his writings. Whether this is true or not, as a general proposition, we think it is true so far as the present lecture is concerned. We know Dr. Norris very slightly, personally, and not as well as he deserves, professionally, but this lecture is just what we should expect from him—plain, unpretending, practical, resting upon a solid basis of good common sense. There is no flourish of trumpets, no tinkling of cymbals, no roar of cannon. The lecture simply introduces the author as a teacher of Clinical Surgery, and is full of sound doctrine and wise counsel to the students who listened. We are much pleased with it, and cannot forbear making a single extract, both to exhibit the author's style, and an important truth too often left out of sight by our younger surgeons, and not exclusively by them either.

“Students are very apt to take up the false notion that it is by operations that a great and lasting surgical reputation is to be attained. Nothing is further from truth. Consult the history of surgery, and you will find that those who have been most distinguished for their daring and the frequent use of the knife, are hardly remembered, while such as have studied and taught the principles of the science, are constantly noticed and referred to. The mere operative part of surgery may be acquired without the study of principles, and has often been possessed in an eminent degree without even anatomical knowledge. I have somewhere seen it stated, that one of the most celebrated performers of the Cæsarean operation that ever lived was an ignorant old woman, and Dr. Madden, in his pleasant book of travels in the east, describes an old and uninstructed boatman, whom he met with on the river Jordon, who acted in the capacity of lithotomist to that region of country, and was remarkable for his expertness and success. The greatest surgeon that England has ever had, is, unquestionably, John Hunter—his name is classical, and you all have already doubtless become acquainted with it, but which of you ever heard of John Hunter as an operator. Of the mode of performing operations, Mr. Hunter has written but little. “Surgery,” says he in one of his lectures, “consists, in my opinion, in the curing of a disease, rather than in the removal of it by mechanical means. But generally so differently is it thought, that the surgeon who gives most pain, and performs most operations, is now-a-days thought the most of.”

It was not by the knife that he attained distinction, but by his investigation of diseases, and his expounding the principles of our science, and in a word, by his study of medical surgery. The greatest surgeon our own country has produced, was his pupil—Dr. Physick. I have been assured that he was great as an operator, though many of his own day fully equalled him—but it is not in this way that Physick's claims to distinction can be upheld. It was by mastering the principles of his preceptor and transplanting them to his native clime—by insisting upon them in all his teachings, demonstrating them to his students—adopting them in his practice—and thus avoiding the performance of rash operations, or such as were not really necessary, that his name was carried, and is now revered by every admirer of surgery from one extreme of our continent to the other.

In a biographical notice of the late Mr. Liston it is asserted, that he observed to a friend some years previously to his decease, that “his principal avocation now was to prevent others from operating,” a remarkable observation to come from one whose reputation was thought chiefly to rest on his skill as an operator, and one going to show that after all the vast experience which he had had, how much more he prized the reputation of a philosophic surgeon, and the preserver of limbs and joints, than that of the mere knife-man.

Operations are ever the last resort of the true surgeon, and though it is necessary to become acquainted with the proper and best mode of performing them—still let me urge you in an especial manner to study the principles upon which they are founded, and the medical treatment of surgical affections which may do away with their necessity, and when they are done, to give as much attention to the treatment adopted before, and after their performance, as to the operation itself, and to mark carefully their results. From these remarks, do not suppose, gentlemen, that I would have you think operations are never necessary, or slight operative surgery—it is an useful and necessary study, and a competent knowledge of the mode of doing them well is a matter of much importance. All this and much more I would urge upon you. But I believe that too many of the teachers and writers of the present day exaggerate the benefits to be derived from operations, and that too often an impression is given to students by the frequency with which they are sought after, and brought before their notice—that the whole or the greater part of a surgeon's duties consist in an attention to them. I will again repeat that they are the smallest and least important of all his duties, and when you go abroad into the world to practice for yourselves, you can judge whether or not the statement is a correct one. The practitioner who has the knowledge which enables him to decide when they are necessary, and when they are to be avoided, is everywhere and by all competent persons, justly looked to as the best surgeon.”

3. A Lecture introductory to a course on Obstetrics and the Diseases of Women and Children, Nov. 5, 1848. By GUNNING S. BEDFORD, M. D. Prof. of Obstetrics, &c., in the University of New York.

Professor Bedford's lecture is entirely different from either of the preceding. It is a general view of the ground occupied by the author's peculiar department, and abounds in wholesome advice, grave warnings and affecting anecdotes. Some passages are almost too pathetic perhaps, to suit the taste of old men like ourselves, but it must be remembered that the distinguished professor was talking to young men, to whom “woman

lovely woman" was in a great measure a perfect *terra incog*. This, it may be, is no defect. The lecture certainly contains much important practical truth, well told, and will amply repay a perusal.

4. An address delivered at the opening of the Rock Island Medical School, Nov. 7, 1848. By M. L. KNAPP, M. D., President and Prof. of Mat. Med. and Therapeutics.

This lecture ushered into acting existence, the new school at Rock Island, Ill. The announcement which preceded, and which was somewhat of the balloon order, did not impress us very favorably we confess, but it may be because it was calculated, like a Boston Almanac, for a different longitude. We know nothing of the history of the Rock Island School, and disclaim entirely, any feeling of hostility toward it. We are glad to see legitimate and proper attempts made any where, to raise the standard of public instruction, and have no doubt but that this school, if honorably conducted, will succeed and do much good.

The lecture of Prof. Knapp is mostly an advertisement of the new school and its several professors. We cannot avoid saying that a little more modesty would have evinced much better taste, and we know that if his colleagues are the honorable, and able, and philosophic, and ambitious men he represents them to be, their cheeks burned with modesty, if not with shame and indignation, at being made the subjects of such fulsome laudation. We again say, that our taste may not accord with that in the great "upper valley," but knowing something of the elevated character of a large portion of the population in that region, we do not believe it. There is also a "squaring off," "come on if you dare" sort of squint to a portion of it, that leads us to suspect that the author is not on the best of terms with some of the neighboring schools, and that he is ready, as he avows, "to pursue an honorable course in all things, in teaching or fighting, whatever others may do, and to take dame Fortune's favors with laughing good humor."

There is, however, a heartiness and energy about the man that is catching, and if he teaches sound doctrine, we have no doubt he will be followed by a host of enthusiastic pupils.

5. An Introductory delivered before the students of the Peoria Medical Courses. By E. S. COOPER, M. D.

This lecture was given to a private class in Anatomy, at Peoria, Ill.—Every effort by private preceptors, to increase the facilities for pursuing or imparting medical knowledge, meets with our hearty approval. Very many physicians whose offices constantly contain more or less pupils, wofully neglect them. Anatomy, especially, can rarely be pursued with safety, in the country. The instructions and facilities afforded by Dr. Cooper, will no doubt be of essential service to students, and the profession in that region.



- 5.—OPHTHALMIC MEMORANDA, Respecting those diseases of the eye which are more frequently met with in practice. By JOHN FOOTE, Fellow of the Royal College of Surgeons in London, &c. &c. New York, Saml. S. and William Wood. 18 mo. pp 135.

The neat little volume before us, of which the above is the title page, is a succinct epitome of the symptoms and treatment of most of the diseases and affections of the eye. The author states in his advertisement that his sole object is "to condense facts, avoiding all theory, so that a large amount of information might be comprised in a small space." So far as the designs of the author are concerned, we believe he has been successful. His definitions are accurate, his descriptions are concise and clear, and his treatment of this very important class of diseases, is authentic, and in accordance with sound experience. The only objection which can be urged against this work is, that it is *too concise*; it is not sufficiently elaborate either for the student or practitioner. This objection lies with equal force against a large number of medical books now emanating from the American press. "Hand-books," "Vade Mecums," "Pocket companions," "Remembrancers," etc. are of service if properly used, but they are too frequently looked upon as a class of "labor saving machines," and consequently tend to make their readers superficial. Nevertheless, in our opinion, a thorough and repeated perusal of Dr. Foote's little work, will very materially aid any student or surgeon in a correct understanding of the diseases of which it treats, and *any* work, however small, that will contribute to this result, deserves a cordial reception, and a liberal patronage.

H.

- 6.—VALEDICTORY ADDRESS delivered to the class in the Medical College of Ohio, at the close of the session of 1848-9. By L. M. LAWSON, M. D. Prof. of Mat. Med. and Therapeutics and General Pathology.

We have read this address with real pleasure. It abounds in proper and wholesome advice to those who are about entering upon the responsibilities of professional life, and presents such a view of our science in its different departments, as to encourage the most desponding.

It is true that, too often, in the practice of medicine, honesty does not seem to be the best policy so far as, to use a yankeeism, "getting along in the world" is concerned—that deception and the grossest imposition meet with more favor, and are better paid than the highest skill guided by all that science can bestow—still, no man should pass our threshold who has not fully and religiously determined not to be led or drawn aside from the true path, by any temptations whatever.

Prof. L. speaks in severe but just terms of those mushroom pretended reformers, always so abundant, whose mouths are full of "great swelling words," but he asks in vain for the evidence of any substantial improve-

ment ever introduced by them. Bare assertions take the place of scientific deductions, and the imagination is largely drawn upon for facts to sustain them.

On the whole, this address is highly creditable to the author, and we are glad that its publication was called for.

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## PART FIFTH.

### EDITOR'S TABLE AND MISCELLANY.

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COLUMBUS, MARCH 1, 1849.

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QUACKERY AND THE LEGISLATURE.—In the early part of the present session of the Legislature, a project was set on foot by the combined forces of quackery in Cincinnati, to introduce themselves, under the sanction of law, into the Commercial Hospital of that city on equal terms with the Faculty of the Ohio Medical College, who have hitherto held the medical control of said institution. No efforts have been left untried which the most unblushing impudence, and reckless disregard for truth could suggest, and, notwithstanding the generally intelligent character of the Legislature, these, for a time, were nearly successful, so far as the passage of the bill was concerned. Thanks to the intelligence of the Senate and the disgusting overdoing of the quacks, the measure received its quietus in that body, and we are assured by several influential members of the House, that the bill could not *now* receive a majority of votes there.

Although the passage of the bill proposed would not personally affect us, but rather enure to our pecuniary advantage perhaps, we are exceedingly gratified that it has been defeated. A principle is involved of infinitely more importance than any mere private consideration. The question is, shall every mushroom form of quackery which may spring up in the prolific soil of ignorance, of selfishness, or of the imagination, be recognized by the profession, and receive the sanction of public Legislation? The Homœopaths, the "Simon pure" Steamers, and the hybrid Eclectics united their forces and labored together. The principle for which they contend, would of course include, besides themselves, their brethren and sisters of the Uriscopian, the Indian, the Isopathic, the Cæropathic schools, and provision would be required for any new lights that may arise in that line. All these wise philosophers have one tie in common, though in other respects, they are, some of them as opposite as light from darkness—they are a persecuted race, because—they are all excluded from the ranks of the regular profession of medicine. There isn't a man among them, from the notorious Dr. Beach, down (if it be down!) to the most obscure Indian doctor, with whom a single well-educated, honorable, regular physician in the union will associate on terms of equality. Our self-respect, to give no other reason, forbids such association. What are the facts? If a man (or woman) makes up his mind to mount an exclusive medical hobby, what is the first thing resorted to to make an impression? why, to abuse and vilify to the

utmost extent the "regulars." Sir, you are a cut-throat, a butcher, a murderer, a poisoner—you are selfish, illiberal, bigoted,—you live on blood and fatten on groans—*therefore*—admit me, as a right, to the hospitalities of your house, and the honor of your friendship, or—I will *compel* you to do so by legal enactment! In the name of common sense, if quackery possesses any, if the regular profession is composed of such a set of rascals, why do its advocates make such an ado because they are excluded! Their very position convicts them of dishonesty. Do those who permit themselves to sympathise with quacks so far as to join in the outcry against our illiberality and exclusiveness, ever view the matter in this light?

It was contended in our Legislature, that the different "schools," as they are called, ought to agree and work together, and, said one grave Senator, who for his own sake shall be nameless, "we will pass a law to *compel* them to agree!"—that is to say, some of our legislators imagine themselves qualified to judge of the merits of the regular profession of medicine as compared with the different forms of quackery and pretended reform, and to say to us, by the authority of law—we command you to recognize, to consult with, to fraternize with, every man or woman, negroes and Indians included, who choose to prefix to their names the magic letters D-o-c-t-o-r!

We will present to the honorable Senator, a case for his consideration. Our pastor is an Episcopalian. Our neighbor and friend, an equally talented, learned and pious man, is a Presbyterian clergyman. The Episcopalian will not admit the Presbyterian into his pulpit, though the latter is entirely willing to reciprocate the favor. The Episcopal church is therefore an odious *monopoly*, (there is magic in that word) and we will pass a law to *compel* it to be more liberal and democratic.

Medicine is a distinct profession, like law and theology, and has been so for ages. No reasonable man will deny that each profession is best qualified to direct the minor matters of its own internal police. This right is conceded by law and common consent, even to every village debating society. A man cannot be admitted to a church, to a lodge of Freemasons, to the bar or the pulpit, without the consent of those with whom he desires to associate, and without a solemn promise to observe and be governed by, certain prescribed rules and regulations. The authority which grants admission, always emanates from the body itself, and not from all or any who are without.

Few men will be willing to risk their reputations so far as to say that this is not right, and as it should be—but when we propose to include the profession of medicine in the category—oh! that is a different matter! We are told, in fact "you may spend years in the diligent pursuit of your profession, you may become masters of Anatomy, Physiology, Chemistry, Botany, Materia Medica, Surgery, Obstetrics and Therapeutics, under the absurd idea that the more you know of the human frame and its diseases, of remedies and their action, the better you will be qualified to practice your art. You may even grow grey in a hard and conscientious service of the sick; yet, if your ignorant neighbor takes it into his head to buy Thompson's book and a "right," you must immediately recognize him as a physician, associate with him, and regard him as your equal, or you must be *compelled* by the strong arm of the law to do it."

This is the argument divested of all extraneous matter and special pleading. The arm of the law is strong, and we have a great respect



for it, but not strong enough to produce such a result. The profession must and will judge for itself in these matters. It has the undoubted right to do so, and there is no power that can prevent it.

The charge of exclusiveness, of illiberality, of bigotry, of dishonesty, of hatred of progress, is simply and entirely false. Is it a difficult matter to become a member of the regular profession? Not half as difficult as it should be. Does the regular profession deny to its members the right of private judgment in all matters pertaining to practice? No: on the contrary, the student is taught by every practical book he reads or teacher he hears, that his main reliance, after he has obtained the requisite knowledge, must ever be upon his own judgment and common sense. He is taught that no two cases of disease are precisely alike, and that *therefore* he must investigate and discriminate, and regulate his treatment accordingly. The very nature of the case precludes the possibility of a fixed invariable *system* of treatment. This difference in knowledge, in discrimination and ability for observation, constitutes the great difference of skill among physicians. They no more practice alike, than lawyers plead alike, or ministers preach alike, and yet in each case, fundamental principles are acknowledged, and professional landmarks observed.—Are real improvements condemned without a hearing, and “reforms” scouted at as undesirable and unnecessary? Let any man of sense read our Journals, our monographs upon almost every medical subject, our practical treatises, and compare them with those in vogue fifty years since, and give his own answer. Every carefully conducted experiment, every practical suggestion, every new discovery is received with respect; weighed, sifted, and adopted or rejected, by each man for himself, or by some in whom the profession at large have great confidence. Even that climax of absurdities, Homœopathy, has been subjected to the test of careful experiment, and found wanting.

But are all these “systems” of exclusive practice wrong entirely?—There are a few grains of wheat in every bushel of chaff. What is really useful and true among them, is borrowed almost exclusively from the regular profession, and what professes to be new, “reformed,” will not stand the test of philosophic inquiry and investigation. A man discovers a new mineral. Does this make a good mineralogist, geologist, chemist and natural philosopher in general of him? So an old woman, or sapient “Botanic” discovers in the woods a new plant that really proves an excellent cathartic or emetic, or what not—does *this* make him a good anatomist, chemist, botanist, obstetrician and physician in general?—The one is as reasonable as the other.

We shall conclude this article by giving, by way of illustration of our first paragraph, a specimen or two from a precious document laid before the Legislature by one *B. L. Hill, M. D.* Prof. of Surgery and Anatomy in the famous *Eclectic* Medical Institute of Cincinnati.

“It is said also, that medical men of different views and sentiments could not exercise concurrent jurisdiction without collision and contention—that such has been the result in other institutions, with faculties of similar schools. This may have occurred at some periods; but that such collisions and disputes are universal, or by any means common, *I most positively deny*. There are five rival schools in Philadelphia, and two or three in New York, yet all medical students, and different faculties attend the same hospitals, and no inconvenience or quarrels occur.”

Would the “Eclectic” school of Cincinnati be admitted to terms of equality by the *five* schools of Philadelphia, or the two of New York, or by any one in the union, controlled by educated, honorable physicians?

Will the National Medical Association recognize it by receiving delegates from it at its next meeting? Even B. L. Hill, M. D., will scarcely dare to answer these questions in the affirmative. Philadelphia and N. York are blessed (?) with an abundance of quacks of all stripes, but their public institutions are as yet unpolluted by their defiling touch. Even the "highly celebrated" and bemedalled Beach, the author of that renowned and erudite work which is "to make every man his own physician," the "justly celebrated" compounder of numerous pills, bitters and nostrums for the cure of numerous diseases,—the "reformer" *par excellence* of these latter days—is so little known or regarded by the profession in the city where he lives and does such wonders, that even PROF. A. H. STEVENS, one of the oldest and best known among the faculty of New York, and the union—the president of the Am. Med. Association, and of the College of Physicians and Surgeons, has never seen him or had any intercourse with him, written or verbal. The force of the last paragraph will be amply explained by the following letter, containing another choice extract from the memorial of B. L. Hill, M. D.

LETTER OF PROF. A. H. STEVENS.

*To the Honorable, the Speaker of the House of Representatives of Ohio :*

SIR : A respected medical friend has transmitted to me a Memorial printed by order of your House, in which is made the following statement :

"In New York, during the Epidemic (Cholera) in 1832, Dr. Beach, now one of the Professors in the E. Medical Institute, had charge of the tenth ward, and during the first forty days treated nearly eight hundred cases of Cholera, without the loss of a single case, while in all the other wards under the old school practice, the mortality was most appalling. His success was reported to Prof. A. H. Stevens, then President of the Board of Health, who called on him for his mode of treatment, which was promptly given, not doubting that it would be adopted and published, together with the name and success of the author; but no! Dr. Beach was a reformer, a heretic, a dissenter from the faith, he used simple remedies, roots and herbs; and though he had a Diploma from the University of New York, yet he was a "Quack," and no more notice was taken of his report. The "Faculty" could not think of condescending to the use of "vegetables," of "roots," and "herbs," with which to combat so formidable a disease. More heroic remedies were adopted, and the books of the sexton will tell the rest."

As I have never, to my knowledge, seen Dr. Beach, or had any intercourse with him, written or verbal, I am quite at a loss for his having selected me as the hero of his fable, for such the tale is from beginning to end. He never, so far as I know, had charge of any ward during the Cholera; the physicians of which were appointed verbally by myself.—If in any way a successful mode of treating the Cholera had come to my knowledge, no matter from what quarter, I should have made it known, and spread it to the extent of my power. But, I repeat, the whole story is a chain of falsehood.

I would respectfully ask of you, and of the House of Representatives, to make this denial as public as the memorial to which it refers.

I am, sir, respectfully,

Your obedient servant,

ALEX. H. STEVENS,

President of the Special Medical Council,

[sometimes called the Board of Health.]

in the year 1832.

New York, 27th February, 1849.

*Ab uno disce omnes*, — we will however, give one more specimen of the truthfulness of this memorialist, for after reading the above letter, whatever he may say, will, according to the ordinary practice in our courts of justice, be entitled to great weight; and we have done with him henceforth.

"In malignant Scarlatina, for example, it is a well known fact (?) that from 3 to 5, or even 8 in some cases, out of every ten, die, under the popular *alopathic* practice in our cities, while in the same disease under the treatment of the *Eclectic Faculty*, not one in 500 is lost;—the success is almost universal." This assertion is as true as—the extract given in Dr. Stevens letter. We know a family in which one of the "Eclectic Faculty" was the attending physician, and which lost by death *three* cases of Scarlatina in succession out of *three* cases attacked. These random statistics, unsustained by a particle of proof, and they are the only ones with which these quacks have to do, remind us of a conversation we once had with the old founder of the Steam School, the veritable Thompson himself. Many years ago, the Steamers had become very popular in Concord, the capital of New Hampshire. Business in their line came in so fast that a large and quite imposing structure was erected for a Hospital. Matters went on swimmingly for a season, but the "whirligig of time" rapidly brought mutations. Patients either *departed* or they didn't come to be cured. The spacious halls were deserted, and the wisest of doctors, were obliged to *ramos* or starve. Soon after this period, we accidentally met Thompson on the top of a stage coach near Concord. No one could be many minutes in his presence without knowing who and what he was, and listening to the story of his wonderful cases, and the bloodthirsty rascality of the "regulars." After listening in silence for some time, we interrupted him with the following question, "how does it happen, sir, that if you are so remarkably successful in your practice, — you were obliged to abandon your famous Hospital at Concord!" The old man was not quite prepared for such a home-thrust.—After some hesitation, he replied— "the fact is, *we cured 'em all up—and there was nothing to do!*"

What a pity it is that his followers of every degree, could not meet with the like remarkable success!

OHIO MEDICAL SCHOOLS.—The Editor of the Boston Medical and Surgical Journal, is pretty "good at figures," but not so good at "statistics;" for instance, in the No. for January 17th, he makes queer work of us, multiplying and carrying, and rubbing out at a great rate. Look at this,— "at Cleveland there was a regularly chartered, well organized school, *which was transferred to Columbus*, but whether any fragment of it remains in Cleveland, cannot be ascertained at the moment of writing." According to the Journal, there are three schools (including the Eclectic and Steam,) in Cincinnati, one not far from Cleveland, *two* at Columbus, and possibly a fragment at Cleveland. For the information of the Journal, we wish to say that there are but three schools in Ohio recognized by the profession; the Ohio Medical College at Cincinnati, the Starling Medical College at Columbus, which takes the place of the old Willoughby College, and the Medical Branch of the Western Reserve College at Cleveland.

Massachusetts with less than half our population, has *two* schools, so that we are certainly not next to Pennsylvania.

MEDICAL JOURNALS.—*New Orleans Medical and Surgical Journal*.—Prof. Harrison, has withdrawn from the Editorship of the above Journal,



leaving it under the exclusive control of A. Hester, M. D., a gentleman who has shown himself in every way qualified for the task. The New Orleans Journal, stands in the front rank of American Medical Periodicals. It reckons among its contributors some of the ablest men in the Union; and we have no doubt will continue to sustain its high and well merited reputation. *En passant*—We are not particularly sensitive on such matters, but we would just remind the Editor, that his last No. contained an article from our pen without the proper credit. We should'nt mention it had we not, through a similar inadvertence, received a slight rap over the knuckles from our Boston contemporary, on our first appearance.—Having an opportunity to “pass it round,” we feel easier.

PHILADELPHIA EXAMINER.—Prof. Huston, has retired from this popular and excellent Journal, in favor of Francis G. Smith, M. D., and David H. Tucker, M. D., who are now the associate editors. These gentlemen bring to their task, with eminent ability, a large degree of professional enthusiasm, which will ensure them abundant success.

SOUTHERN MEDICAL AND SURGICAL JOURNAL.—We learned with much regret and no little surprise, that this Journal, which is certainly an honor to the south, is likely to die for want of patronage. The able Editor, informs us that its publication for the last year, aside from his editorial labors, was attended by an expense of \$900, to himself. With all due respect to our southern brethren, we do say that this is a shame.—We feel almost a personal interest in the matter, for if we cherish one desire more than another, it is to see our profession elevated and improved. We know that well conducted Medical Journals are an important, nay an indispensable means, to this end, and we hope to see them established and sustained wherever there is room for them. Foreign and distant Journals are important, but every physician ought in duty bound, to support first with his patronage and so far as he can, his pen, those published near his own locality. We sincerely hope that the Editor's plain statement of facts will be so effectual, that his Journal will hereafter add as much to his purse as it already has to his reputation. With that we are sure he would have abundant cause to be satisfied.

REPUBLICATION OF THE LONDON LANCET.—This well named and influential English Journal, is republished in this country, by Stringer and Townsend, of New York City, in monthly numbers, at the low price of \$5 a year or \$9 for two years.

Most physicians with reasonable ambition, desire to read one or more Foreign Medical Journals, and all such are certainly under obligations to Messrs. Stringer and Townsend and others, who bring the best of the English periodicals within the reach of even limited means. We hope the publishers will be amply sustained in their enterprise.

BRAITHWAITE'S RETROSPECT.—The American publisher, Daniel Adey, of New York City, has laid upon our table Part the Eighteenth of this indispensable work. It is, as usual, full of interesting practical matter, in a condensed form, and the physician who carefully reads it, will scarcely be ignorant of any important improvement or innovation, especially in European medicine. The price is only \$1,50 per annum, and it may be purchased at any of our bookstores.

THE CHOLERA.—The following letter was shown us by a young medical friend, and though not written expressly for publication, we are sure it will be read with interest. We hope to avail ourselves of large and frequent drafts upon the varied and extended experience of its distinguished author.

LANCASTER, Jan. 22, 1849.

*My Dear Doctor:*—"Your pertinent question, what shall we do in the collapse of Cholera, is easier asked than answered. The variant answers given to it heretofore, and the great contrariety of modes of medication resorted to, fully show the difficulties surrounding this subject; difficulties which cannot be rationally solved until the pathology of this stage can be clearly established. Whether this will ever be the case, I seriously doubt. In the former visitation of this dreadful scourge, I visited the eastern cities, and sought every opportunity to get light. No theories then advanced—no post mortem appearances, (and I witnessed and made more than forty) cast a sufficiency of light upon this most mysterious disease, to enable me to come to any correct (certain) pathology. The symptoms manifested in collapse of cholera lead my mind to the conclusion, that the poison acted *primarily* upon that system of nerves which presides over the functions of the various organs; and most especially over the abdominal organs. This view has been strengthened by subsequent reflection. But the manner, the *rationale* of this poisonous operation on the sympathetic system of nerves remains to my mind as *recondite* now, as then. No pathological changes in the nerves and plexuses were of sufficient uniformity or intensity, to enable me to come to any certain conclusion. The results of a complete paralysis of the nerves are manifest from the fact, that none of the abdominal viscera performed a natural function. The enormous quantities of fluids thrown off by the intestinal tube cannot be called an excess of secretion, but rather a universal drainage of the blood by endosmose of the intestinal tunics. The peculiar character of this fluid (rice-water) has not been satisfactorily accounted for by any physiological or chemical theory that I have seen—it is a fluid *sui generis*. That the blood is robbed of its serous, and consequently, saline substances, is clear; but the cause, the why of this change, remains inscrutable. The great loss of the serum readily accounts for the increased thickness of the remaining blood; but this is of no practical benefit. The most uniform appearance, after death, was the congested state of the abdominal venous system, especially the *cavas*, which were in every case so distended as to convey to my mind the appearance of a tarred rope; the lungs always manifested venous turgesence, but in a less degree. I have seen every variety of medication resorted to in the collapse, and with like results; a few would recover—the greater number died. The recoveries from this stage I attribute more to the vital powers of the patients, than to any plan of treatment. It did seem to me that many patients were hurried off by the incessant frictions expending the little remaining nervous power.—I consider it a bad practice. Surrounding the patient with dry warmth should always be resorted to. I roused two patients from a very decided collapse, by running a hot smoothing iron over the whole length of the spine; reaction came on in both—the one died of consecutive fever—the other recovered, but I saw the same practice fail often. In conclusion, I would remark that I have no confidence in any kind of treatment after collapse is fairly established. Transfusion of various medicinal sub-

stances, as well as blood, has been often tried, and with little if any success. Your idea of drawing off the black blood, and at the same time infusing healthy blood is new, and has never to my knowledge been resorted to. It offers to my mind little hope. Although I have no confidence in medical aid in this stage, I have much in the earlier. The statistics of the world prove that infinite good has followed proper medication in the earlier stages. No disease extant is more amenable to medicine than cholera in the forming stage. To this most important fact the public mind should be strongly directed; and the assurance of almost universal success can be fully given. In this assurance I would not include the intemperate and dissolute, nor those broken down patients who are usually crowded into hospitals, or small and ill-ventilated rooms without the proper and necessary conveniences of life. But to the prudent liver—the properly fed and properly clothed, the medical faculty can with great truth give the comfortable assurance of almost invariable relief from this much dreaded and much to be dreaded scourge, if early and prompt aid is called for. The means for the attainment of this desirable end will readily suggest themselves to the mind of every intelligent physician. The people should be warned, as they value life, against all specifics and all nostrums—the deadly weapons of all *quacks and pretenders*. Feeble as my health has always been, I was the subject of a terrible attack of cholera in 1833. To proper medication I owe a life prolonged to this period. With sincere wishes for you and yours,

BOERSTLER.

**PATENT MEDICINES.**—There seems some probability that these nuisances will at last be abated, so far as the sanction of the law is concerned. On what principle a patent is granted for a medical mixture, it is hard to conceive. If the scientific physician uses a particular combination of medicinal articles, he does so with discrimination. The kind and stage of the disease, as well as the age, sex, habits, &c. of the patient, have something to do with it, but a patent or secret nostrum is always a certain or sovereign remedy for certain diseases, and is designed for the stomachs of the great public. If a child has "*fits*," here is a cure for fits—if the "*dropsy*," here is a certain cure for dropsy—if diarrhœa or "*bowel complaint*," if this medicine does not cure, "*the money will be refunded*,"—while that ubiquitous and most convenient affection, the everlasting "*liver complaint*," is cured by as many nostrums as consumption itself.

This matter has been strangely neglected by Congress, or the Patent Office, we know not which. The sanction of the law has been given to the most absurd and incongruous mixtures, too abominable for the dogs of civilized men, and these have been lauded to the skies by their compounders, and greedily swallowed by thousands of dupes.

About the first of January a committee was appointed by Congress, of which Dr. Edwards was chairman, "*to inquire into the expediency of so amending the patent laws as to prevent the patenting of compound medicines*." The able report of that committee, through the politeness of its chairman, is before us. The formulæ of all mixtures patented or restored since the fire of 1836, with those of rejected articles, are given, and on looking them over, we are astonished at the impudence and temerity of their pretended inventors.

The committee have presented, we think, a very just view of the subject, and sooner or later, the good sense of Congress will carry their recommendations into effect. We are not aware of the action had upon it is report.



We conclude this brief and hasty notice with the following extract, which contains argument enough to convince the most sceptical man in the universe, if he has a modicum of active common sense:—

"Your committee are aware that this communication is addressed to men whose knowledge of medicine does not extend beyond general reading, or the sorrowful reminiscences of past personal sufferings and illness. They appreciate the difficulty of clothing a scientific subject in popular language, yet believe they will be enabled to illustrate that patent medicines inflict on the community a variety of evils. First, they are so *indiscriminately* used, as to produce certain and appreciable mischief. There is no *specific* in medicine, that is, there is no one agent or combination of agents, which will cure any one disease, in all ages, in both sexes, in all constitutions, and in all the different stages of attack. Science abhors a *specific*, as does nature a vacuum. To lay down a *pro-ori* a certain remedy for any one affection, is an obvious contradiction of a fundamental principle of all scientific practice. Medicines are relative agents; that is, they operate curatively, by a judicious application of them to a morbid condition, regulated by the symptoms, as these vary from *hour to hour*. All patent medicines are heralded as catholicons, and are prescribed to cure diseases as opposite as virtue and vice. If the article is active, its indiscriminate use is fraught with very great evil; if inert, it will occupy the room of efficient and judiciously applied methods of cure. Diseases curable in their early stage, become determinately fatal if left uncontrolled. There is in all organized bodies a destructive principle as well as a conservative principle. Disease is the usurped control of the destructive principle, and will assuredly prove ultimately triumphant over the conservative guardian power of the system, unless judicious medication is employed to check its career.

"An evil both medical and moral, inflicted by patent medicines, is the extravagant laudation bestowed upon them by their vendors. A well known remedy, such as opium, is disguisedly united with others as well known, and sold as a new remedy. In order to insure the sale, most fulsome eulogy is heaped upon it, and ignorance and credulity are thus lured to a ready employment and confidence in the compound. Man's mind is so constituted as to love mystery, especially when with it is associated promises of great benefit. The public prints, with no exception, publish these promises and commendations. The annual fee for publishing Brandreth's pills, has amounted to one hundred thousand dollars. Morrison paid more than twice as much for the advertisement of his never dying Hygeine. Morrison is forgotten and Brandreth is on the high road to the same destination. T. W. Conway, from the lowest obscurity, became worth millions from the sale of his nostrums, and rode in triumph through the streets of Boston in his coach and six. A stable boy in New York was enrolled amongst the wealthiest in Philadelphia, by the sale of a panacea which contains both mercury and arsenic. Innumerable instances similar could be adduced."

*Adhesion of a portion of the Finger after complete separation.*—Dr. W. LINDSAY, of Lowndsville, Clark county, Ohio, in a very interesting letter to us, details the particulars of a case of adhesion &c, which happened in his own person. These cases are now so common and well established, that it is hardly necessary to publish the account entire.—We have seen several of them, though none so remarkable as Dr. Johnson's, reported in the last No. of this Journal.

Dr. Lindsay, accidentally cut off the end of one of his fingers and a portion of the nail, with a sharp razor. It was immediately replaced, but after a few hours, having become disturbed, it was again removed and accurately adjusted and retained by narrow adhesive straps. After a few days, the straps were removed and a delicate network of thread substituted. At the end of four or five days from the accident, adhesion had taken place, and a kind of benumbed sensation was observed in the excised part. In consequence probably of exposure, and the coming off of the separated portion of the nail, violent inflammation came on, which threatened gangrene, so that the Doctor was fearful of losing at least, his finger. This, however, gradually subsided under careful treatment and at the end of seven weeks, the finger was well, and the adhesion was complete. Much suffering was endured, and Dr. L., remarks that he would be unwilling again to pass through so much for the sake of the success of such an experiment.

**A DOUBLE-HEADED CHILD.**—There has lately been presented to the Baltimore College of Dental Surgery, a monster in the shape of a white male infant. The two heads and faces are distinct except along their line of junction, which occurs at the forehead, cheeks, chin and base of the lower jaw. Each face has a *hare lip* which extends back through the palate, forming a communication between the nose and mouth.—*Dental Recorder*.

**A FEMALE M. D.**—At the recent commencement of the Geneva Medical College, Miss Elizabeth Blackwell, having complied with all the requisitions of the College, was admitted to the degree of Doctor in Medicine. She has been indefatigable in her devotion to her studies, and few young men graduate with greater honor, so far as attainments are concerned. Her inaugural thesis upon Ship Fever, is published in the Buffalo Med. Journal, and is a very creditable production.

The fact that one of the fair sex has been regularly admitted amongst us, has elicited some comment. We have no doubt that Miss Blackwell was richly entitled to her diploma, on examination, and that it will be, as she declared when she received it, "the effort of her life, by God's help, to shed honor upon it;" still, we cannot say that we are altogether pleased with her admission. The door is now open, a precedent is set, and what is to hinder others of the same sex from unsexing themselves. The very nature of the duties of our profession are inconsistent with the duties of domestic life. We have no sympathy with the hue and cry about "woman's rights," "woman's degradation," and the like, so often raised. Abby Kelly and Abby Folsom are no favorites of ours. If the Almighty did not intend that woman should occupy a subordinate place, why in the name of wonder wasn't Adam given to Eve, instead of Eve to Adam?

In this particular instance no harm may be done, but we cannot forbear joining with a contemporary in saying, that we hope the example will not be followed, and that this, the first, will be the last case of the kind we shall have to record.

**Change in the Construction of Hospitals.**—Prof. Simpson, of Edinburg, proposes, instead of crowding patients into wards, as at present, to erect cottages or villages, thereby affording abundant room, ventilation and isolation. He would have one, or at most two patients in a room. Iron is the best material for the houses, as they may be easily erected, and easily taken down; the material would depreciate but little, and a large

number might be kept on hand, to be put up on any vacant lot, on the appearance of an epidemic. We think the suggestion a good one.

**Baldness.**—A writer in the London Lancet is of the opinion, that the wearing of hats, which are impermeable to air and moisture, is the great cause of baldness. We hope every body will believe him, and that these miserable boxes which fashion compels us to carry, will after a time be among the things that were. We don't fancy bald heads, and we abominate hats.

**Collodion in the treatment of Diseases of the Skin.**—Erasmus Wilson, Esq., F. R. S., speaks very highly of this agent as a dressing in certain forms of skin disease. A case of scrofulous ulceration of many years standing, was very much benefited. He has also used it with advantage in chronic erythema of the face; intertrigo; chapped nipples and chapped hands; herpes labialis, preputialis and herpes zoster; lichen agrius; lupus non exedens and exedens; acne vulgaris; and several affections of the sebiparous organs. He finds it to possess four important properties, viz:

First. That of a mild stimulant;

Second. That of an efficient substitute for the natural scarf-skin.

Third. That of a mechanical compress.

Fourth. That of an adhesive glue, from which quality it derives its name.

**Death of a child in Utero, by Lightning—the mother escaping.**—Our valuable contributor to the Journal, Dr. J. A. MAYES, of Bradleyville, So. Ca., writes to us, under date Dec. 6th: "Looking over the pages of the December No., I noticed an account of several persons struck with lightning, the reading of which brought to my recollection the following case. A negro woman, about 30 years of age, in good health, and eight months advanced in pregnancy, was overtaken by a thunder storm in the month of August, 1843. For protection against the rain and wind, she *leaned* against a pine tree, but had scarcely done so, before the tree was struck by lightning. The shoulders, front of the chest and abdomen, were severely burned, but the brain was, in no respect injured. From that time to her delivery, which was three weeks afterwards, she complained of being very unwell. The child was dead, and appearances indicated that it had been so from the time the mother received the stroke of lightning. The woman recovered rapidly. This, then, is a case of a child in utero being killed by lightning, whilst the mother escaped."—*South. Med. and Surg. Jour.*

**Death from Inhalation of Chloroform.**—On the 19th of January, Chloroform was administered to a man in the New York Hospital named John Griffin, aged 31 years, for the purpose of removing hæmorrhoidal tumors from the rectum. His general health was good, and he had inhaled the chloroform without ill effects on the 26th of December previous. On the present occasion, the inhalation, at first caused considerable, though not an unusual degree of excitement, after which, the patient became quiet, and Dr. Gurdon Buck proceeded to remove two external hæmorrhoidal tumors, and ligate one internal one, when the patient's face and neck were found to be of a livid or leaden color, his eyes turned up, and his pulse nearly or quite imperceptible. He gave one or two gasps and was dead, in spite of every effort to restore him. The whole time which elapsed from the commencement of the inhalation to the time of death, did not exceed ten minutes; and the amount of chloroform



used on the napkin not more than three drachms. The post-mortem examination revealed no disease which could account for the fatal result.—*Annalist*.

*Sensible and right. The American Mutual Life Insurance Company.*—A letter in the Boston Med. and Surg. Journal from an officer in this company, contains the following paragraph, which must meet the approbation of all sensible men.

"It is always one of our rules to reject an insurance, if we know the family physician to be a quack, or belonging to that class of practitioners whose system of practice is to give that which would neither inconvenience a well man nor benefit a sick one. Life Insurance Companies should look at the doctor risk, with the same care that they do a sea or a climate risk. We intend to insure none but those who have a home, friends, and a good doctor. Wanderers, the homeless, friendless and heedless, we carefully avoid, and have rejected many applications, where the subject itself was *good*, for the reason that we were unwilling to encounter the risk resulting from personal carelessness, and the chance of being houseless, friendless and doctorless in case of sickness. We do not allow an insured person to trifle with his life (or if he does, not to trifle with our funds,) by going into the Southern States during the sickly months, nor by wandering in unsettled portions of the United States; but all this risk is, in our opinion, not so great as that incurred by insuring a man, who, when he becomes sick, allows a certain class of doctors to trifle with his life. As we seek business only from the old and healthy States, and profess to be, and being truly, a 'perfectly Mutual Company,' it requires much care and some sagacity to preserve untarnished the standard we have adopted."

*Antidote to Chloride of Zinc.*—Dr. Stratton of Edinburg, from experiments made by him, concludes that either carbonate of soda, carbonate of potash or common soap, is an antidote to the chloride of zinc. The dose will be a drachm of soda, or half a drachm of potash to a drachm of the zinc, or a proportionate quantity of soap, which contains only from six to ten per cent of the alkali.

The following interesting account of the proceedings of the Medico-Chirurgical Society of Cincinnati, came to hand too late for insertion with the original papers in this number. As we have allowed more space than we intended for our "Table," we insert it here. We hope the writer will give us an opportunity to thank him for many such favors.

MEDICO-CHIRURGICAL SOCIETY OF CINCINNATI. MARCH 1st, 1849; *by a Cincinnati Correspondent.*

DAVID JUDKINS, M. D., PRESIDENT.

The Society held its usual monthly meeting at Dr. John L. Vattier's. There was quite a large attendance of members, and a very lively interest was manifested.

The society is divided into sections, to some one of which each member belongs. According to the regular order, the 7th section, on the "Prevalent diseases of Cincinnati," reported a paper on Scarlet fever, through Dr. William Judkins, its chairman. The paper was a very brief, but excellent one.

The doctor said that an epidemic scarlet fever had prevailed in the city since last November. It continued with much severity until the 1st of January, since which time its violence has been much less, and the number of cases fewer. A very severe and malignant anginose affection marked the disease. Children previously healthy, would move round the house complaining of general pain and chilliness, and in a short time would flush, having the skin hot, the pulse quick and feeble, and retire to bed and become delirious.

In the majority of cases the rash was slow in making its appearance. Frequently in 15 or 20 hours from the first attack, the fauces and throat began to swell on one or both sides. The swelling sometimes made its appearance before the rash.

Little ash-colored sloughs, inclining to abrade and spread, could be seen early in the disease. The poisonous impression of the disease was so great and so depressing in some cases, that it induced cerebral congestion as indicated by asphyxia and prostration. From the greater development of the brain in childhood, it is thought that it is more obnoxious to disease than any other one of the viscera. It was observed, however, that in many of the cases the brain was more seriously involved than any other organ. When the brain was attacked early, the symptoms were ushered in by vomiting, followed often by delirium. In such cases death very soon terminated the case. There was no cause known to the essayist which produced the wonderful malignancy of the disease.

The same virulence appertained to it in the immediate vicinity and in distant places, where no apparent cause existed.

The disease was an asthenic one, and as far as he knew was of the same type in distant places.

The doctor thought himself supported in this opinion, from the fact that a sporadic typhoid fever co-existed with the scarlet fever.

There is no disease in which so great a variety of remedies has been suggested and used. The treatment which proved very successful in the epidemic which existed two years ago, was of no manner of use in the late form of the disease. The doctor was sadly off, he said, in the first cases, to know what to do. After thinking over the treatment, a stimulating course was thought by him to be a good one. To stimulate not when typhoid symptoms came on, but from the beginning to the end, or until a crisis should occur.

He immediately began to stimulate. The treatment consisted in giving an emetic, and then sponging the skin with warm water. Five grains of capsicum was added to the ounce of diluted alcohol, of which the patient was to take one teaspoonful every hour or two *pro re nata*, until a crisis was formed.

He said he had the satisfaction to know that he recovered patients from the worst complications of the disease, when he had signally failed with the ordinary plan.

The essayist said that the committee was happy to report that the city was free from epidemic diseases at the present time.

Dr. TATE—said the paper was a good one. He could not agree with the treatment advised. He had been wholly unsuccessful in ordering any treatment, or giving any one remedy which had seemed to him to have any effect. Indeed he was unacquainted with any treatment either adequate or satisfactory.

Dr. BURN—believed that scarlet fever prevailed at all seasons of the year, but from the account given in the report, it had prevailed more generally during the past season than at any other time of the year prior. He

considered that scarlet fever is to be treated on general principles. At times the stimulating treatment is good—at others not. Has heard capicum spoken well of, even when the throat is much swollen.

We are often mistaken in using too many remedies in this disease. The system will not bear to be disturbed. The expectant plan is the best. Has no doubt but that he has made mistakes in using remedies too active in the last stage of the disease.

Dr. COMEGYS—is guided in his treatment of the disease by the following rule:—If the patient has high fever, give diaphoretics without any stimulant. If treating a case in which typhoid symptoms predominant, he would rely on stimulants, as capicum, &c.—would be very cautious in the use of purgatives.

Prof. HARRISON.—The report does not cover the whole ground of epidemical influences. There have been four distinct circumscribed and intermingled epidemical influences prevailing in the city and neighborhood during the winter. 1st. Scarlatina has been diffused, whether of meteoracious, infectious, or contagious origin, or all. 2d. A typhoid influence has been prevalent. 3d. The choleraic influence. 4th. The erysipelatous influence, partaking slightly of epidemical action.

As regards the philosophy of the *modus agendi* of great epidemical influences, it is certain that they sweep aside all others, and take possession of men's constitutions. We must always have regard to every epidemical influence when treating any particular one. If we treat scarlet fever simply as a distinct fever, without any regard to other epidemical influences that may be prevalent, we will commit a great mistake.—Where erysipelas has been prevailing, it has aggravated the scarlatina. Choleraic influence modifies other diseases. In 1832, every fever patient who was purged, died. Sydenham has well said "that wherever a disease prevails it leaves its livery behind." In the treatment of scarlet fever the non-interfering plan is a bad one—has no faith in it. There are three things to be studied in every disease, and especially in scarlet fever. 1st. The physiological laws of disease. 2d. The pathological laws. 3d. The constitution of the patient, as modified by the disease.—Scarlet fever is a self-limited disease; we must then recollect this pathological law. Irritation predominates over inflammation. What do we observe? great frequency of the pulse, indicating shock; the patients are frequently carried off by spasms.

The sustaining treatment is then the only correct one. If patients die of secondary disease of the brain, in this disease, we find nothing morbid in it. I do not believe it is our duty to stand by and do nothing.—We ought to study every disease, and interfere. There is an indication to be fulfilled in this disease. No man then, is warranted in practicing, unless he has an indication. The stimulating practice is not a new one. Bateman and Haberdon used the stimulating course in several forms of cutaneous disease.

The paper makes no allusion to typhoid or typhus fever, which have been prevailing in the city during the winter. We have very little correct information as regards these diseases. Some high authorities recognize no separate pathology. In typhoid fever, we must sustain the strength and bring on a correction of the secretions by mercury. We must go farther, and induce a gentle ptyalism, and keep it up for a few days. No patient, if salivated, will ever die of typhoid fever. (3) ed.

Dr. DAVID JUDKINS was guided by the rapid tendency to general prostration, with ash-colored spots on the throat, which latter, he said came on often in twelve hours. Has treated sixteen cases, of which he lost



three. He cupped the throat, and used active diffusible stimulants from the onset. He believed it the only available and successful treatment.

Dr. WILLIAM JUDKINS. It has been said that the stimulating treatment is not new. He was aware of the fact. The pepper treatment has been used a long time; but the idea of stimulating from the time that the ash-colored sloughs appear in the fauces, is new. The treatment by Spts. Mendiri, Tartar Emetic, will fail and has failed. The doctor gave a case in detail, in which he gave ʒj of the following mixture, for fifty consecutive hours. The prescription was whiskey ʒij. African Cayenne grs. x. The case was one of the worst the doctor had during the winter, and yet under this treatment it recovered.

Dr. MUSCROFT—gave the history of several cases of scarlet fever treated with febrifuges, as Spts. Mendiri and Tartar Emetic, and afterwards with Quinine.

Prof. J. P. JUDKINS—treated a great number of cases; following the ordinary treatment, he lost all, and became discouraged. But when he began to stimulate from the beginning, he was very successful.

Dr. MURPHY—said he liked the paper, and the treatment of scarlet fever by stimulants. One gentleman had said that he had found nothing which seemed to be of any service in the disease. He had said too, that he knew of no specific. It is not specifics we are searching for, but a better pathology, and if we get that, we have all we can wish. The pathology, and that the correct one too, of the disease, especially so of the late epidemic, is, that it is a disease of asthenia—of shock—of loss of dynamic force. I have had a few cases of the disease which I treated by the ordinary plan, and failed. There is something peculiar and specific in the inflammation which attacks the throat in this disease. It requires an ordinary case of Tonsillitis from four to six days to suppurate, if resolution is not brought about, whereas, all this process will occur often in ten hours in the present disease. Mild cases will get well of themselves. But the anginose and malignant kind die outright unless stimulated from the beginning. Want of confidence has much to do with our reputed failures in such virulent epidemics. He who does not believe he can master some one indication, will not be very successful. The doctor said he could not coincide with Prof. Harrison in the treatment of typhoid fever. He did not believe that ptyalism is necessary invariably in the disease. His observation was to this effect. The tonic treatment he found to be the treatment.

Dr. A. H. BAKER—has used mercury in typhoid fever. He gave calomel in one case, several years ago, for twelve days. He once had the idea, when practicing in the country, that if he did not salivate every case of typhoid fever, the patient must die. He has given calomel in typhoid fever in various doses, from scj to grj. He had observed that he could not salivate while the fever continued, and then it was difficult to say whether it was the mercury that cured, or not. When he came to the city to practice, he gave calomel in x to xv grs doses every four hours, and believed at that time that this treatment would always cure if he could see the patient in the early stage. For the last year he has not succeeded so well.

The society elected Profs. Harrison, J. P. Judkins, Mussey, Drs. Vattier, Tate and D. Judkins, as its representatives in the National Medical Association.

None of the least of the enjoyments of the evening, was the fine supper provided by Dr. Vattier, at which a due degree of social wit, hilarity and good feeling was manifested.

Prof. Harrison, as chairman of the section on Theory and Practice of Medicine, reads a paper on the differential, rational and absolute diagnosis of typhoid fever at the next meeting. There will be a very general discussion of the subject. It is probable I may give you an abstract of it, if you judge this worthy of a place in your journal.

The city at the present time is comparatively healthy. We have some typhoid and typhus fever. There are also some cases of small-pox.

*Nerve and Bone Liniment.*—The following is the description of this compound presented to the Patent office by the inventor. (!) No physician, of course, ever used these very common articles for making a liniment! The patent was very properly refused.

One pound of oil of orreganum, (origanum) pure; one pound of rosemary, pure; two pounds of olive or sweet oil; half a pound of tincture of cantharides; half a pound of spirits of turpentine; one ounce of spirits of camphor, (or one ounce of gum camphor dissolved in alcohol, to every gallon of the above mixture.)

*Secret Medicines in Iowa.*—Dr. CRAWFORD has introduced into the Iowa Legislature, a bill to compel every vender of a secret nostrum, to place a label upon the bottle or package containing it, stating its ingredients &c. This is so very just and proper, that we are surprised such a law is not passed and executed in every state in the Union. We do not know the fate of the bill, but wish Dr. C. success in his laudable efforts. His report to the Legislature on Quackery, has also been received.

*National Medical Association.*—The next meeting of this body is close at hand. It will be held on the *first day* of May next, and we are looking forward to its proceedings with much interest. Our brethren of the good city of Boston will be well prepared to give us a hearty N. England reception, and we hope that every society and medical Institution in the state will be represented.

We need hardly say again, that we regard the formation of this national society as one of the most cheering signs of the times. Hitherto, its deliberations, almost without exception, have been characterized by a spirit of moderation and good sense which will produce the best results. Where so much is to be done, it is seen that all cannot be accomplished at once. Changes gradually and regularly produced, without shock, prepare the way for others, and are lasting.

It is understood that Ohio is to be honored by being selected as the place of the next meeting. We hope she will be largely represented, that she may know how to receive and appreciate the favor.

*Monstrosity.*—A most singular case of Congenital Deformity was presented at Dr. Parker's Clinique on Monday last—a child three months old, apparently healthy, was born with the Tibia of both legs apparently broken and united again, with the bone bent at an angle of 45 degrees, and several dimples in front of the prominent end of the tibia, as though the rough end of the bone had at some time projected through. There were four toes on one foot, and three on the other.—*Annalist.*

*Keep the mouth clean.*—The editor of the Dental Recorder says that "when the mouth is in a healthy condition, the best specifics for preserving it so are the *"scrubbing brush and soap and sand."* The scrubber should be a well made French tooth brush, with bristles of a medium degree of coarseness, set in a firm, compact manner, and having all the

corners of the ivory carefully rounded, so that the membrane of the mouth may not be wounded by a slip while using. The *soap* should be of the best quality of Castile, and well seasoned, and it should be combined with *sand* of different kinds, according to the condition of the teeth. If the enamel be rough on its surface, requiring polishing, finely pulverized pumice should be used, mixed with orris, or any pleasant vegetable powder which will serve to dilute it and prevent it from cutting the enamel too much; while if the surface of the teeth has that beautiful natural polish which is often seen, or if it has acquired an artificial one, the mildest kind of polishing powder will be all that is required, such as chalk, and, with many persons, the brush and water, thoroughly used, will be all that is necessary to preserve the teeth from the slightest stain.

If all would thoroughly cleanse their mouths in this way, at least once in twenty-four hours, there would be but little use for tooth washes, and perfect cleanliness would be found to impart a more delightful freshness to the breath than all the perfumes of the East."

*Cholera Preventive.*—Dr. Downing prescribes a very pleasant dietary as preventive of cholera. Egg, chop, chicken, at breakfast; mutton, beef, eggs, tripe, rabbit, minced veal, light puddings, at dinner; plain seed-cake, at tea; if luncheon or supper be required, then a chop or few oysters; and at intervals during the day, wine and grog at discretion. Very comfortable fare—if you can get it.

DELAY.—We must again apologize to our readers for the delay in the appearance of our present number. The cause has been as before, ill health. This we regret more keenly than our readers can. We know perfectly well how important it is to the success of a Journal, that it appear promptly when due; but a weight has hung over us which has paralyzed our arm, if not our brain. Our health is now, we trust, quite rapidly improving, and we hope to be able to be entirely punctual in future.

OHIO MEDICAL CONVENTION.—It will be recollected by those who were present at the last Convention, that this body adjourned to meet at Columbus on the first Tuesday (5th) in June next.

We hope that an extended notice will be given, and a larger attendance secured than last year. There never was a time when united and vigorous action was more necessary, and every physician should consider himself so far personally interested as to induce him to be present, if possible.

DR. W. T. G. MORTON and the *Letheon*.—Dr. Morton having obtained a patent for the discovery of the letheon, and finding that pure sulphuric ether could not be patented with any advantage to himself, and having conferred a great benefit upon mankind, with, as he alleges, great pecuniary loss to himself, petitioned the last Congress to bestow upon him, from the public treasury, such gratuity as should be deemed just and proper. The matter was referred to a select committee, of which Dr. T. O. EDWARDS was chairman. The committee in their report go largely into the vexed question of the priority of discovery of the anæsthetic effects of ether inhalation. Dr. Jackson, the late Dr. Wells of New Haven, Conn., and Dr. Morton are the principal claimants. The commit-



tee, after a pretty full investigation, while they refuse to recommend any remuneration or gratuity, passed the following resolutions, offered by Dr. Fries.

*Resolved*, That in the opinion of this committee, to Dr. C. T. Jackson is due the credit of having suggested to Dr. W. T. G. Morton that pure sulphuric ether might be inhaled with safety, and that the effect of such inhalation is to produce insensibility; but that, in expressing this opinion, the committee do not wish to convey the idea that Dr. Morton had not previously experimented with this important agent, but refer to the strong proof herewith published, for the evidence that he had thus experimented.

*Resolved*, That to Dr. W. T. G. Morton is due the credit of having made the first practical application of sulphuric ether as an anæsthetic agent, and demonstrating to the world its power to destroy nervous sensibility to such an extent as to enable surgeons to perform all the various surgical operations upon the human body without pain."

*Castor Oil and Magnesia Candy*.—Boyd and Wheeler, Druggists of N. York City, prepare the above articles (Castor oil and Magnesia one part, refined sugar two parts) in the form of candy. It is every physician's duty to make his medicines, often nauseous enough at best, as palatable as possible. Many articles are very well disguised and neatly put up by druggists. Where the precise composition, proportions and mode of preparation are known, there is, of course, no objection to their use. If the Messrs. Boyd and Wheeler have accomplished what they declare, we thank them for ourselves particularly, for castor oil!—ugh! give us ipecac, aloes, asafœtida—any thing but castor oil!—still, we like a stick of candy occasionally, as well as ever we did.

*Physicians in the Legislature*.—We have been, as a general thing, opposed to physicians becoming politicians. There is enough to do in the profession to occupy a life-time, and the more devoted and single-souled we are, the more successful shall we become. But there is another view of this question. Where the laws are made by the representatives of all classes of people, for the government of those people, it is very important that every considerable class be represented. No class of men in our legislative halls, state and national, do more good or prevent as much evil, as the doctors. Questions arise, sometimes of very great importance, every session, which none but educated physicians are competent to decide. There is a medical committee in either house, whose duties cannot be properly performed by others. Hereafter, instead of being inclined to censure those of our brethren who accept of seats in the legislature, we will rejoice that enough of them can be found who will consent to be persuaded to do penance for the winter, that the interests of the profession and the community may not suffer by unwise and hasty medical legislation.

As an example; the report of Dr. Bennett, the able senator from Tuscarawas county, had much to do with defeating that most absurd and impracticable Hospital bill, referred to in our first article. We cannot but wonder how any man, with the least claim to intelligence or common sense even, could listen to that report, and then vote for the bill.—Nothing but the grossest ignorance of the subject, or the most inveterate and unjust prejudice, can explain the matter. Let those who so far forgot their duty as to vote, either through carelessness, design or indifference, for so abominable a measure, be inquired of by their medical con-

stituents, and enlightened somewhat before they are sent here again.—While we make these remarks, we are glad to have it to say, that many members of both houses, nobly sustained and defended our profession.—Those at a distance have little idea of the pertinacity and assurance of certain “lobby members.” Every inside member is caught in turn, by the button hole, and his ears filled with “arguments.” Too often, the story told has a nearer relation to the desires of the “lobby,” than to truth. When any subject relating to medicine is concerned, none can so well remove false impressions, and correct misstatements as physicians. We say then, in all sincerity—thanks to the physicians of the present legislature!

STARLING MEDICAL COLLEGE.—The Catalogue of this Institution, gives the names of one hundred and seventy three Students as members of its last class. At the close of the session, the following gentlemen (fifty in number,) were admitted to the degree of M. D.:

Andrew H. Shaeffer,  
J. Q. A. Hudson,  
Abner Spencer,  
Calvin J. Woods,  
John Mack,  
Nath'l Atwood,  
Alanson W. Leffingwell,  
John Atwood,  
James T. Boyd,  
William B. Chamberlin,  
William H. Reeves,  
Creed T. Banks,  
James G. Blunt,  
Timothy W. Taylor,  
James Rusk,  
E. K. Edmiston,  
Joshua H. Brown,  
William Latta,  
J. W. Lenox,  
Alex'r McBride,  
Moses M. Bane,  
Benj. Crabb,  
Benj. F. Smith,  
Isaac Kay,  
Charles E. Boyle,

Daniel Timms,  
N. Webb Eames,  
Wm. H. Davis,  
John H. Moore,  
James F. Boal,  
Morgan T. Faulkner,  
Hubbard M. Smith,  
William Craig,  
William Foster,  
John Earhart,  
Caleb Edwards.  
John T. Clark,  
Enoch Collins,  
Elias Potter,  
Eber Smith,  
J. K. Leedy,  
William M. Chesney,  
W. H. Townsend,  
James W. Bell,  
M. Addison Taylor,  
A. B. Strong,  
Francis H. Pratt,  
George W. House,  
Starling Loving,  
David Little.

The Honorary degree of Doctor in Medicine, was conferred upon the following Physicians:

Dr. J. N. Burr,  
“ G. W. H. Landon,  
“ Wm. H. Martin,  
“ Wm. B. Gray,  
“ R. Hills,  
“ T. M. Tweed,

Mt. Vernon, Ohio.  
Blendon, “  
Rushville, Ind.  
Lewisburg, Ohio.  
Delaware, “  
North Liberty, “

The work is already commenced upon the New College Edifice, and it is expected that the next course of lectures will be delivered within its walls.

*Iodine an Antidote to the Venom of the Rattle-Snake.*—Dr. JAS. WHITMIRE, in the N. W. Medical and Surgical Journal, says that he believes Iodine to be an antidote to the bite of the rattle-snake, and, in fact, the whole tribe of serpents. "My opinion 'says he,' as to the antidotal property of iodine, has been confirmed by many cases that I could give from my case book, in which I used the tinct. of iodine alone, with the effect of putting an entire stop to the swelling and pain, in from twelve to sixteen hours. I have used it in bites of the rattle-snake, viper, and copper-head, on both man and beast, with complete success. My manner of using it is to paint the part that is bitten, and as far as the swelling extends, with three or four coats of tinct. (pharmaceutical strength) twice daily; and should the swelling extend, which it almost always does after the first application, if made at any time soon after the infliction of the wound, I follow it up with the paint. By the time the third application is made, the tumefaction will cease to extend, and three or four more applications will generally restore the limb, or part affected, to its natural state, save perhaps an obtuse sensibility to the touch, owing perhaps to the cuticle being destroyed, and some soreness of the muscles, which will remain a longer or shorter period."

*Cod Liver Oil in Phthisis.*—This article seems to be coming into extensive favour among physicians in the treatment of this almost hopeless disease. It does certainly, in some cases, produce most astonishing results. Occasionally it induces purging and cannot be borne, but in nearly all cases, it may be used, at any stage of the disease, without detriment, and in many with positive advantage. We have used it, to some extent, in our practice, and have more confidence in it than in any other single article of *medicine*. The pure *white* oil should be procured, and not the nauseous brown mixture like tanners oil, which is frequently sold. A fine specimen of the pure article was sent us from the apothecary establishment of C. Augustus Smith, corner of Fourth and Vine streets, Cincinnati, where we presume it may be procured.

We give below a letter of Dr. Young, of Chester, Pa., to the Editor of the American Journal of Medical Sciences, in reference to its use.

"The following case is thought to be not devoid of interest. It shows that, in the article used, we have an addition to our resources in the treatment of consumption, which promises more success than any, or all others, in some cases. Certain it is, that the case about to be detailed was an unpromising one, and the *oleum jecoris aselli* was the only, or the first article that produced the least check to the onward progress of the dire invader.

"Mrs. K., of our city, a widow lady, of a consumptive family, aged about forty-four years, visited me last May for advice. She had had a cough for fifteen, or more, months, gradually increasing in violence, for which she had tried a great variety of remedies, with but little or no benefit. She had had various medical prescriptions, and had been prevailed on to try homœopathy. She had tried many of the quack remedies, such as syrup of wild cherry, Jayne's expectorant, the syrup of tar and naphtha, &c., but none of them had been of any service. Her appearance was pale and haggard; her walk exceedingly slow, and bowed forward. She had profuse expectoration; exhausting night sweats; was very "short breathed," and coughed, on using a little exercise, almost incessantly, with occasional hard "spells," that almost exhausted her; her appetite was variable, and her stomach dyspeptic; her pulse was 110; tongue covered with a white fur; respiration from thirty-five to



forty in a minute. Auscultation revealed, under the scapular end of the left clavicle, strongly marked bronchophony, and also into the inter-scapular space the same, though less strongly; in the axilla, pectoriloquy, with a strong gurgling rattle, extending over a space of two or two and a half inches square. Below this zone was another, two or more inches in depth, with no vesicular murmur, but instead, a slight mucous rattle, particularly when she coughed; below this the respiration was clear, as it was for some space under the sternal portion of the clavicle. The right lung was sound.

"Under this state of affairs I thought it almost useless to prescribe anything. There was, however, one encouraging symptom; she *menstruated regularly*, and while this is the case, I always entertain some hope, no matter how unpromising other things may be. I first truncated a portion of the uvula, as it was much elongated. This had the effect of relieving, at once, the strangling spells of cough. She was requested to take Hasting's wood naphtha, commencing with twenty drops three times a day, in simple syrup, with five drops of McMunn's elixir in each. This was gradually increased, till she took forty-five drops three times a day. In five weeks she was not benefitted in the smallest degree, while her strength had deteriorated materially. She now, successively, tried every variety of cough mixtures, comprising the terebinthinate and balsamic preparations, but all were of no benefit. Her menstrual period went by in June, without any show. By the last of July, her strength was so far gone, and her symptoms progressing so rapidly, that she gave up her house in the city, and came to Chester, for the benefit of country air, and to escape from the cares of housekeeping.

"Her situation at that time was, extreme emaciation; the eyes sunk and dark under them; complexion sallow; pulse 120; stomach rejects almost everything; no appetite for anything; cough almost half the time; night-sweats; orthopnoea, so that she cannot lie below an angle of forty-five degrees; sleeps but little; has chills and fever sometimes every day; circumscribed spots in the cheeks, with burning of hands and feet; so weak she "can't walk fifty yards;" unable to get up stairs without assistance, or climbing by the banisters, and stopping every two or three steps; she has become round shouldered and stooping.

"The stethoscopic signs are, in the axilla, extremely loud tracheal, or cavernous sounds, with a loud gurgling rattle when she coughs, or endeavours to inspire deeply; pectoriloquy quite distinct; interior to this is mucous rattle, with bronchophony; posteriorly the same, but less loud.—In the portion immediately under this, there was more of a crepitating mucous rale than when examined previously, and slight bronchophony; the remaining portions unaffected, or but slightly so. The expectoration at times is most profuse, particularly if by means of opiates the cough is quieted partially, for a few hours; is mostly yellowish, heavy, and sinks in water as would lead. Occasionally, however, for a day at a time, it consists mainly of greenish-yellow matter, streaked with blood, with considerable froth, or mucus, and so offensive to the taste and smell, as to occasion emesis.

"I was completely at the end of my resources, when I received the July number of your journal. I there found two or three cases of consumption, by Dr. Bennett, treated with the cod-liver oil. I at once determined to try it, as something new, but with little hopes of finding any good come of it. It was procured, but such was the irritability of the stomach, that for more than a week its use was not commenced, during which neutral mixture and naphtha were again used, with the ef-

fect of quieting it. She commenced it the 20th of August, a dessert-spoonful three times a day, increased to a tablespoonful three times a day; and finding this to have no unpleasant effect on the stomach, in a few days more it was increased to four tablespoonfuls a day. This quantity was not exceeded. In about two weeks she found an evident improvement in her appetite; in two weeks more she found a diminution of her fever and night-sweats, nor did she require so much paregoric to make her cough supportable. She had had a constant blister alternated between the shoulders, and on the scapular portion of the thorax, which she had neglected re-applying for some days, and on the 25th of September, she had a severe attack of pleuritic pain, for which I was summoned in haste to see her. The blister was at once applied, and removed the pain, and there was no more return of it.

"At this time, when she was on the use of the fourth pint of oil, the loud cavernous sound in the axilla was more tracheal than formerly; pectoriloquy was less distinct, and the gurgling rattle was much diminished; bronchophony still well marked in the same situation as formerly.

"The oil was persevered with, a tablespoonful four times a day. At the end of October, there was a great amelioration of all the symptoms; the night-sweats had, in a great measure, disappeared; the chills and fevers were gone; the dyspeptic symptoms all gone, and she had a uniformly good appetite. She was ordered to live well, on good nourishing food, without regard to what it was, if no unpleasant effects were felt in the stomach. Her countenance had assumed a natural sprightly expression; her strength was increasing; her dyspnoea decreasing, and everything appeared favorable. She had rarely to take paregoric on account of the cough, but the blister was kept sore. In another month there was not a symptom of disease remaining, except some cough and expectoration. And now, 25th December, she walks about the streets, straight and erect, and though not so strong as formerly, can walk a mile or more without great fatigue. She weighs some pounds heavier than she ever did even in her young days. Her sallow countenance has all gone, and, although she is pale, she looks sprightly, talks, laughs with, and enjoys the intercourse of her friends as well as before she was sick. Her orthopnoea has disappeared for two months, and she sleeps easy on either side, though rather more so on the left than right, and what I regard as among the most favorable signs is, her *catamenia* returned in December.

"She still coughs and expectorates, but not so much in a week as formerly in a day—and the expectoration continues to diminish. The sounds in the chest are little more than a rather loud mucous rattle, with little or no puffing, or bronchophony. In the axilla is a portion in which there is no vesicular murmur, and only the mucous rale, but not strongly marked.

The blister has not been applied for six weeks or more, and no inconvenience has resulted from letting it heal up. She is taking a tablespoonful of the oil twice a day. I am fearful yet of an attack of influenza, which is prevailing, to some extent, in her case. It would, in all probability, rekindle the disease. But certain it is she is nearly well.—I doubt very much whether any other article could have produced the effects that have resulted from this. Certainly it is not known, if it exists. All known means had been tried, and most faithfully too, before she commenced the use of this, and from no one, nor from all successive-ly tried, did the slightest benefit accrue.

"I find much discrepancy of opinion concerning the kind of oil most medicinal. The kind used in the above case was the fine, clear, white oil. It cannot be procured for less than one dollar a pint. The coloured, coarse oil, at about half this price, or less, I have not recommended, because but few stomachs could bear it without nauseating when continued for the length of time necessary. The effect of the other, instead of nauseating, is to improve the appetite, and the digestive, and assimilating functions, hence it ought to be preferred in all cases. It is to be apprehended that the high price of it will lead the dishonest to making an inferior imitation, that can be sold at a cheaper rate. In cases of this kind, as in many others, the cheap article is dearest in the end. I am trying it in three other *hopeless* cases of consumption, in which all other means have failed. They are all improved, but what will be the result time must develop. They have not taken enough yet to know what it will do. They all find an improvement in the appetite, and two of them express themselves as increasing in strength; their fevers and sweats are diminishing."

Chester, Dec. 25, 1848.

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### OBITUARY.

DEATH OF MR. SAMUEL COOPER.—A twelvemonth ago the painful duty devolved on us of announcing to the world the death of one of its most distinguished surgeons—ROBERT LISTON. To-day, by a singular coincidence, we are called upon to record the death of his friend and colleague—Samuel Cooper—which melancholy event occurred on Saturday, December the 2nd, at Shepperton, Mr. Cooper's country seat. He was in the sixty-eighth year of his age, and the immediate cause of his death is stated to have been suppressed, or retrocedent gout.

Mr. Cooper has been, for nearly half a century, a member of the College of surgeons—he joined that body in 1803. He was appointed a member of the council in 1827—he delivered the Hunterian Oration in 1832, and in 1845 filled the highest office in his department of the profession—viz., that of President of the Royal College of Surgeons. He was a great admirer of everything connected with "the College," and a constant advocate for those modifications in its internal economy and external relations by which its usefulness and its interests might be advanced. At the examining board he was greatly esteemed for the considerate and courteous manner in which he performed an often irksome duty. He was F. R. S., and a member of the council of the Society, but fortunately for himself, he took very little interest in the management of its affairs. In early life, Mr. Cooper entered the army, and was raised to the rank of staff surgeon; he was present at the memorable and unfortunate expedition to Walcheren. He was for many years surgeon to the Queen's Bench Prison, and consulting-surgeon to the Bloomsbury Dispensary. Of the offices he held at University College we shall speak presently. Notwithstanding the possession of these high and honorable appointments, Mr. Cooper's fame rests not on them alone. His writings have secured for him a world-wide reputation. His "Surgical Dictionary" will be a monument to his memory as gigantic and more lasting than that of Wren. The seventh edition of this great work—a library in itself, consisting of some fifteen hundred closely printed double-columned pages—is before us. Whilst the English language lives, it will be referred to and looked on as a wondrous effort of the powers of one human



mind. It was one of the earliest, if not the first, of that most useful, and now more general class of publications—the cyclopædias. The “First Lines of Surgery”—an epitome of the “Dictionary”—is the text-book in all medical schools where the language in which it is written is spoken.

Few authors—professional or other—have been so successful for themselves and their publisher, as Mr. Cooper; none have contributed so much to the education of the members of his profession. For the long period of seventeen years Mr. Cooper filled the office of Professor of Surgery in University College; and he was Surgeon and Consulting-Surgeon to the Hospital from the period of its foundation until he withdrew from both institutions in April last. It is not our intention, on this melancholy occasion, to refer to the latter painful subject, with which the readers of the *Lancet* have been made sufficiently familiar. Suffice it to say, that a very general impression now exists, that the irritation and annoyance to which his sensitive and honorable feelings were then subjected, have not been without their effect in tending to produce the unhappy result which we this day have to record. This must ever be a sad reflection for those with whom he had served so long and ably: and whom he accused of that selfishness and intrigue which caused his resignation; and more sad must it be for the council of the College, who participated in the insulting and iniquitous proceedings which led to his retirement.—Mr. Cooper lived to see the result of these proceedings, in the ruined character and diminished means of the institution. As a teacher, Mr. Cooper was greatly esteemed; as a friend and counsellor, he was loved. No student ever left his class who did not look up to him with the affection of a son, and in many cases a corresponding feeling was returned. As a surgeon, Mr. Cooper was much distinguished. He brought his profound learning, combined with his practical experience, to bear on all doubtful and difficult cases. He was never at a loss for an illustration, a reference, or a precedent. His services to his patients were invaluable. We have known him to obtain, by a few assuring and kind words, conveyed with his peculiarly benevolent expression, all those happy results which a powerful anodyne cannot always procure. We hope, on a future occasion, to include in a memoir, some striking events in the life of this eminent man.

To the grave he bears with him the most sincere regards of all who knew him; in every relation of life, his character was the same. Thus, in one short year English surgery has lost two of its brightest ornaments—Robert Liston, and Samuel Cooper.—*Lancet*.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Interesting Cases from Private Practice, with Remarks.*  
By R. L. HOWARD, M. D. Professor of Surgery in the Starling Medical College.

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TRUTHFUL descriptions of the symptoms, pathology and treatment of the more interesting and rarer cases which occur in the practice of experienced members of the profession, are of more essential service than volumes of recondite theories or speculations, however learned, unsupported by facts. None but the young physician or surgeon, who is compelled to grapple with a formidable disease or injury, can appreciate the value of a parallel case, whose treatment has been conducted to a successful issue. I propose, therefore, to give in the present, and perhaps in future numbers of this Journal, the history of such cases as I am persuaded will be advantageous to the younger members of our profession—accompanied by practical remarks.

CASE I.—*Strangulated Femoral Hernia, with Sloughing of Intestine, and fecal discharge from the wound ten days after the operation. Patient eniente.*

ON the 18th of December last I was called to see Mrs. S., aged 40, who was laboring under strangulated femoral hernia of the right side. On enquiry, I found the history of the case as follows. Five days previous, on making a sudden effort, Mrs. S. felt a stinging pain in the right groin. Placing her hand upon that point, she observed a small tumor, which, as she had experienced the same on other similar occasions, gave her no alarm. As it did not subside by pressure, as formerly, she called in her physician, who at once detected the nature



of the case, and adopted the usual means for its reduction, but being unsuccessful, advised that I should be sent for, with the idea of resorting, if necessary, to an operation. This she declined, and called in another respectable physician, who took a similar course, with like results. Having passed through the hands of three or four, and finding herself rapidly sinking, I was called.

*Present Symptoms.*—Tumor in the right groin, the size of an egg; the integument over it dark red and extremely tender to the slightest touch—abdomen very tumid, partly from gas, and partly from a gravid uterus, as she was near four months advanced in pregnancy. Pulse small and frequent; obstinate vomiting and constipation; great sinking of the vital powers; in fact, there were the usual symptoms of strangulated hernia on the eve of gangrene. As the taxis was now entirely impracticable, I advised, and my patient consented to an immediate operation.

On making the usual dissections, with the assistance of Professor Judkins, Dr. Denig and others, I found the layers firmly agglutinated by adhesive inflammation. The sac was thickened, deeply inflamed, and everywhere firmly adhered to the hernial contents. These adhesions were broken up. The stricture, found at Gymbemat's ligament was divided directly inwards. The protruded intestine presented a somewhat gangrenous appearance, but it was not absolutely mortified. As there was slight sensibility to pressure with forceps, it was returned into the abdominal cavity, though with some apprehensions as to the result. The wound was closed with sutures and strips, and the patient placed in bed. She was speedily relieved of that agonizing distress and excessive nausea with which she had been harrassed uninterruptedly for five days and nights. For the purpose of arresting inflammatory action, and exciting the secretions, I prescribed calomel 2 grs. and opium  $\frac{1}{2}$  gr. every four hours. Within a few hours after the operation, she had several copious and very offensive evacuations from the bowels. These recurred every day, and the symptoms in all respects indicated a prosperous result.

On the seventh day after the operation there was an appearance of uterine hemorrhage. This increased gradually, until the 9th, when to my surprise, I was informed there was a free evacuation of fœces from the wound, together with sloughs from the intestine and sac. The mental excitement induced by this event, produced a sudden aggravation of the hemorrhage, which proceeded very soon to an alarming extent, and was only controlled partially by opium, sugar of lead, cold applications and perfect quietness. In about three days

the flooding abated, but so far as could be discovered, the uterus had not expelled the fœtus. The fœcal evacuations continued both from the wound and the rectum. The artificial anus however, gradually contracted, so that at the end of three weeks it was a mere fœcal fistula. From this date the patient has gradually improved, the appetite is restored, peritonitis, except in the right iliac region, subsided. The evacuations are regular, but the fistula still remains patulous. She has been, for the last three months, at times, greatly afflicted with colic, which I attribute to contraction of the intestine, produced by granulation and cicatrization.

*Remarks.*—A few practical hints may be deduced from the history of this case. First. It teaches the importance of an early operation for strangulated hernia, and the dangers of procrastination. Every surgeon should adopt the rule *never to leave a patient with strangulated hernia, until it is reduced either by the taxis or by operation.* This rule should admit of few exceptions. The operation was seldom, if ever performed too early, while it has been resorted to frequently, when too late.

Second. It shows the danger of returning a gangrenous intestine into the abdomen. In this case, though hazardous, it probably saved the patient the establishment of a permanent incurable artificial anus. In others perhaps equally promising, it might result in fatal extravasation of fœcal matter into the peritoneal cavity. In cases where the vitality of the protruded intestine is extinguished, it and the stricture should be divided, and the parts allowed to slough. As a general rule, in cases where strong doubts exist as to the absence of vitality in the part, it is better, after relieving the stricture, to allow the protrusion to remain unreduced until circulation is established, or mortification is complete, and then treat it accordingly.

Third. It teaches us that however desperate and hopeless the case may appear, it should never be abandoned. The operation may be resorted to, even in the lowest degree of depression, where gangrene is certain. It is simple—attended with little pain and no danger. It *may* do good—it *may* save the life of a fellow-being.

CASE II.—*Fibrous Tumor of the hard and soft palate, the size of an egg; 20 years standing. Operation—Cure.*

Aug. 1st, 1848, J. S. D., aged 41, came from Galeon, Crawford Co., Ohio, to consult me respecting a tumor in his mouth.—The history of the case was briefly this. About 20 years ago, he observed a small lump arising from the hard palate, the size of a garden bean. It continued to increase very gradually

for 15 years, when it was no larger than a nut. The last five years it has grown more rapidly, but has ever been destitute of pain.

*Present appearance.*—On depressing the lower jaw, the eye falls upon a large nodulated tumor, which seemed to fill the whole cavity of the mouth. In its general outline, it was egg-shaped, attached by a broad base to the roof of the mouth from near the incisor teeth in front, to the very border of the velum palati, mainly upon the right side. It was extremely hard, but not painful when pressed firmly.

I advised its removal by excision, to which he consented.—In the operation, in my apprehension, there were two difficulties to encounter. 1st. If carcinomatous there might be unpleasant hemorrhage. 2d. To remove the tumor without penetrating the soft palate. With the assistance of my colleagues, Drs. Smith and Carter, and several medical gentlemen, I placed the patient in a high barber's chair, with the head thrown back, and to one side, and the jaws being widely separated, I proceeded to the operation, which I completed speedily, and to my great satisfaction, without including the entire thickness of the soft palate. The hemorrhage was not profuse, nor was the pain of the operation severe.

The wound granulated kindly, and until the time of his departure, one week after the operation, was there any indications of a renewal of morbid growth. Several months subsequently, a letter was received from Mr. D. in which he stated that cicatrization was complete.

*Remarks.*—Tumors in connexion with the hard or soft palate are extremely rare. Dr. Warren, in his work on Tumors, gives an instance wherein a tumor, the size of a nut, made its appearance in the soft palate. He removed it with the knife, but unfortunately made an opening through, into the nasal passage, but succeeded in closing it with sutures. In the year 1845, I saw a case of open cancer of the soft palate in a man about 50 years of age, which soon afterwards terminated fatally.

CASE III.—*Pebble stone in the Trachea, the size of a large pea.*—*Tracheotomy—cure.*

ON the 1st of August, same date of the above operation, Levi Goodman, aged 7 years, was brought to me from Perry, Franklin Co. Ohio, with a foreign body in the trachea. One week previous to this date, while lying on the floor with a small pebble in his mouth, on taking a sudden inspiration, the pebble slipped into his larynx. Immediately symptoms of suffocation ensued, and threatened speedy dissolution; but fortunately the



stone passed into the trachea, which gave instantaneous relief. The boy now experienced no inconvenience except on coughing or taking exercise, then the spasmodic respiratory efforts would force the stone against the cricoid cartilage, and backward again upon the bifurcation of the trachea with great violence. The patient was placed in a high chair, with his head thrown backward, and held firmly by assistants. An incision was made from the cricoid cartilage to the top of the sternum, through the integument—the thyroid veins being drawn aside, the dissection was continued till the trachea was exposed.—Here a hook was inserted into the cricoid cartilage, and drawn upwards by an assistant, for the purpose of tightening the wind pipe to make it more prominent and manageable. A tenotomy knife was passed through the rings of the trachea at the lower part of the wound, and the section was completed by a small probe pointed bistoury. As soon as the bistoury was withdrawn a convulsive cough expelled the pebble with great force. At the commencement of the operation, the boy evinced great alarm from it, but as soon as the foreign body was expelled, he looked up in my face, and cried out indistinctly, “it didn’t hurt me a bit.” This would have been a strong fact in favor of ether, chloroform or mesmerism, if either had been used. The wound was drawn together firmly, as soon as hemorrhage ceased, by adhesive strips. Adhesion followed immediately, and the boy was perfectly well in three days.

CASE IV.—*Foreign body in the Trachea. Operation—Cure.*

Sept. 6th 1849, Edmund C. Peel, aged 18 months, was brought to me from Madison Co. Ohio, on account of what was supposed to be a piece of the rind of a watermelon in the wind pipe. On coughing, the concussion of the foreign body could be distinctly heard against the cricoid cartilage and tracheal bifurcation alternately. Tracheotomy was advised and consented to. The operation was attended with some difficulty from the excessive struggling of the child, and the large amount of adipose tissue about the neck. It was completed, however, in about 10 minutes, and a watermelon seed was removed from the trachea. The subsequent treatment was precisely similar to that adopted in case 3d, with the same results.

*Remarks.*—The principal difficulties in the way of tracheotomy in children are, 1st; the great depth and small size of the tracheal tube. In childhood it lies like a small whip cord, loosely embedded in the soft tissues, so that when sought it is extremely liable to elude the knife, which if carelessly and unskilfully used, will pass downward beside the trachea, and

wound important parts. With ordinary care, in the hands of him who possesses a sufficient amount of anatomical knowledge, such a mistake is inexcusable. 2d. The thyroid veins are directly in front of the trachea, and if wounded will afford troublesome hemorrhage, and *may* admit atmospheric air, and in this way destroy the patient. They should be drawn aside, and never cut. 3d. If the trachea is not divided to a sufficient extent, the body will not be ejected, and a search for it with probes and forceps to facilitate its expulsion, is worse than fruitless. There should be a free division of the tracheal rings, avoiding of course, the isthmus of the thyroid gland, and the foreign body will be spontaneously expelled, almost without an exception.

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ART. II.—*Case of Hernia—treated by Quacks—opening of the sac with a lancet—artificial anus—death.* By THOS. W. GORDON, M. D., Bazetta, Trumbull Co., O.

April 2d, 1848, called to see T. S.——, a boy of twelve years of age. On enquiry, found he was taken ill on the eve of March 4th. He complained at the time of "pain in the bowels," chiefly in the right lumbar region. His mother supposing it to be colic, gave him "a dose of No. 6," but without relief. In the morning, the pain continuing, and passing downward along the leg, with extreme tenderness along the crest of the ilium, and extending on a line with Poupart's ligament, she then concluded it "must be rheumatism," and "used things to drive it away." The boy becoming worse, a *Botanic* was sent for who, not coming, another was called. He came—said the boy had "inflammation of the bowels," and administered, with those already given, *nine* emetics! and continued, with cathartics, "hot drops," &c. He attended him for several days. The patient still failing, and suffering the most intense agony the most of the time, the parents of the patient thought best "to call in council." The attending *intuitive* would have none but one of his own faith, therefore, Dr. J., a "regular" No. 6 graduate of Thompson's patent, was sent for and came. The pain continuing in the same place, he thought best to "see whether or no" there was any appearance about the abdomen to account for such an amount of suffering. On examination, there was found a tumor above Poupart's ligament, extending upward some 2 or 3 inches, and  $1\frac{1}{2}$  or 2 inches in width. It was decided to be an abscess, but old Dr. J. said it was "not quite ripe." The consultation ended by the first one being recommended to "poultice it to draw it to a

head." He did so, and on the next day took a lancet, thrust it into the skin—then got up, walked across the room, (the boy being held by his father and another man, at the time,) came back—tried again—but the tumor being too easily pressed out of the way for his dull lancet, he called for a razor strop to "whet up"—dressed his lancet, and again went at his work of death. This time, compressing the tumor, (which all present then, and those who saw it previous to this time, agree in saying, could easily be pressed into the abdomen,) he gave it a thrust, and *behold!*—what! a pint of pus? No! but, as the doctor stated, a "punch bowl full of wind," excessively fetid. He then put a plaster on the orifice, and attended the child some days after this great operation in modern surgery.

The friends becoming dissatisfied, and still apparently determined to give the patient the least possible chance for recovery, now applied to a *uriscopist*. This wiseacre, on examining the urine, (not the patient) declared that his whole disease was in his head and liver.

The father of the patient next went personally to the Uriscopist, and found he could tell nothing of the case. He then called in the physician first mentioned, Dr. B., on the 31st of March. The Dr. visited the patient on that day, and also on April 1st, the day he called on me. He then stated to me, that on removing the dressing from the wound the first day, there was a discharge of fecal matter, with the peculiar odor present in a case of wounded intestine. But on removing the plaster on the 2d, that is, on April 1st, there was no discharge.

April 2d. Saw the patient with Dr. B., the attending physician. Found him lying on his left side—his knees drawn up nearly to his abdomen—severe pain on touching the abdomen along the inguinal canal, and pretty general over the whole abdominal parieties—very severe along Poupart's ligament, extending down the right leg to some extent, though not as severe as a few days since.

He could not lie on his back without increasing his suffering. His body is very much emaciated, his tongue dry and coated with a dark yellowish brown coat, with red edges—mouth and throat apthous—bowels tympanitic, but easily moved by the use of enemata. On removing the plaster from the incision, there appeared a tumor some 3 inches in length, by 2 in breadth; feeling as if distended with gas, which escaped in considerable quantity on removing a portion of fecal matter from the orifice. Dr. B. was using unguent Hyd. on the abdomen, and giving some encouragement to the parents respecting his recovery. I gave it as my opinion, that death was inevitable, but if I used any embrocation, it would be Iodine.



This case, in all probability, was partial, if not entire hernia, brought on by over exertion a day or two previous to his being taken down, while trying to compete with boys some years his seniors, in a game of leaping or jumping. If not, he must have injured himself in that way, and the emetic course produced the hernia. Peritonitis followed, went through its acute stage, and is now chronic, with the additional trouble brought on by the thrust of the lancet through the hernial sac into the intestinal canal, which will probably discharge into the peritoneal cavity, and produce gangrene. If there was a possibility of recovery without this, it is certainly put past it by this ignorant use of "edge tools."

*Saturday, April 8th.* The patient died yesterday, gradually sinking, the body entirely failing before the mind ceased its functions. He said to his father, "I am getting blind father," and was then told he was dying. He talked some time after vision had become perfectly extinct, and expired without a groan.

*Examination post mortem.*—Present Drs. B. and B., with the quack who committed the miserable blunder, the father of the boy, and some other friends, and myself; and before the examination was closed another *Intuitive* made his appearance, having run his horse some 10 or 11 miles to get there.

*External appearances.*—The body was very much emaciated, three gangrenous openings along the inguinal canal below the opening formed by the lancet, which had also sloughed away until a finger could be introduced into the opening.—There has been a fœcal discharge from the wound for the several days last past, and also pus and a substance resembling fœces, from the gangrenous openings.

*Internal.*—*Lungs*, in a perfect condition, though somewhat dark on their inferior aspect—the right heart filled with coagulated blood, and a ring of lymph-like coagula around the aortic valves, and the artery above the valves partially filled with the same yellowish white coagulum.

*Abdomen.*—The skin and abdominal muscles adherent on the right side, and so blended, that a separation was not obtained. On reflecting the skin and muscles of the right side, found the superior edge of the wounded intestine attached to the peritoneal lining of the abdomen, the lower part opening into the peritoneal cavity, or rather into the inguinal canal, and suppuration had then taken place. Part of the contents had passed internally, and part through the mortified opening in the skin. There were numerous bands from the parietal peritoneum to the intestine, also from one fold of the intestine to another, until it had formed a complete net work, or rather,

almost a consolidated mass. We traced a line of pus from the right across to the left side, a passage having been formed between the skin and muscles.

Had this case occurred in the practice of a regularly educated physician, it would very probably have been followed by a legal prosecution, and at any rate, by a loss of reputation, (and both would have been right. Ed.) but a soft shelled egg, hatched in Curtis' hot bed by a single steaming, is secure against all troubles of that sort. The father of the poor boy may have the comfortable assurance that, in all human probability, a moderate amount of medical knowledge and skill, if early applied, would have saved the life of his son, and that he, by employing those ignorant of what they profess to know, contributed indirectly to his sufferings and death.

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ART. III.—*Effects of Fright.* Extract from the Inaugural Thesis of WILLIAM LATTA, M. D., Frankfort, O. Presented to the Starling Med. College, Feb. 1849.

INFLUENCE OF THE MIND UPON THE BODY.—That the mind exerts an influence upon the body both in health and in disease, is a proposition which will be readily admitted by every one who is conversant with the subject. But to what extent this influence is exerted for good or ill to the animal economy, is seldom made the subject of serious contemplation by the mass of mankind.

In entering upon a discussion of this subject, we of course assume the ground that the mind has a separate existence from the body. It would be absurd to contemplate the mind merely as a modified result of the organization of the body, and then to attempt to show, that one portion of the body had an influence and agency upon another portion of this wonderful machine; it being universally admitted that there is a pervading influence of harmonious co-operation exerted upon the entire circle of the bodily organs. The mind, although in intimate union with the body, is yet a distinct entity. Though running in parallel lines with the body, and deeply implicated in all its movements, it still manifests a superior nature.—Though a very intimate connection exists between the mind and body, yet there is ample evidence to demonstrate that they are not identical. Connection will not prove identity; neither will the reciprocal agency of mind and matter on each other, establish, in the view of sound philosophy, the opinion of some, that "the mind is but a subtle, spiritualized product of the brain." We have cogent proofs furnished us, that the

mind is governed by laws essentially distinct in nature from those which control our material fabric. There appears to be no sort of just comparison between the properties of the one, and the attributes of the other. The operations of mind differ essentially from the inert properties of matter, and the causes which induce activity in the mind, have no agency upon the physical organization of man. The mind is governed by motives; the body is actuated into movement by extrinsic applications.

But sufficient, perhaps, has been said on this part of our subject.

That there is, existing between the mind and body, a union of an intimate tie, admits of no dispute; that the body perishes after the lapse of a few revolving years, we see every day realized; and that the mind will exist, independent of the body beyond the narrow circle of time, though rationally to be inferred from the obscure glimpses of nature, is clearly announced to us by revelation. Let us here rest satisfied, and enter directly upon the subject of the influence of the mind in producing changes of sensation and action in the body.

The influence of which we propose to treat, is witnessed in the earliest, as well as in the latest periods of our existence; modified it is true, by the various circumstances which are peculiar to each. Coequal with the first mental emotions which we experience, is the agency which the mind exerts on the health of the animal system. It is true that the feelings which actuate the youthful heart, are not very urgent or lasting; yet, at this early period of our lives, the mind not unfrequently exerts a powerful influence over the health of the body. At this important period, whilst the budding faculties are unfolding, and the gloss of novelty is fresh on every object around, and the sweet song of hope enchants the youthful breast—even in this bright period of our earthly existence, do the agitations of the passions induce dangerous attacks of disease—Not unfrequently do instances occur, in which the fears of a young child have been so strongly excited, as suddenly to bring on convulsions; or in some cases even sudden death. In other instances, the influence of fright has produced such a shock upon the highly susceptible nervous system of the infant, that the most violent attack of fever has been induced; and in this way has it fallen a victim to this potent influence. Not long since, I recollect of reading an account of a child having lost its life in this way. The nurse with whom the child was left, wishing to be absent from the room for some time, and in order to hush the cries of the infant during her absence, placed a hideous figure in the bed, in full view of



the child. When she returned, after a short absence, not a cry had it uttered; but it was quite dead.

A very melancholy example of the effects of excessive fright, came under the observation of the writer of this article. A lad who was known to be rather timid, was way-laid by some of his thoughtless comrades, while returning from school. They had on frightful masks, and other unnatural habiliments; and while the boy, who was about twelve years of age, was passing alone through a narrow strip of woods, they rushed out upon him with hideous noise and gestures. The boy at first stood petrified with terror; then started with the utmost speed, and ran home, a distance of three-fourths of a mile. When he had nearly reached the door, he fell into the arms of his sister, who had come to meet him, and to ascertain the cause of his alarm. But the effects of the fright, and the powerful exertions he had made, were too great for his strength. He sank exhausted to the earth, and was immediately attacked with a severe convulsion which lasted for several minutes. This was followed by violent fever, accompanied with delirium, and symptoms of active inflammation of the brain. This continued for about two weeks, during which time almost the only expression he uttered was, "Oh! stop, stop, they are coming, they are coming!" He finally recovered from the fever, but never again to the healthy exercise of his mental faculties.

He would never after this venture out of the house; but was constantly uttering a low and plaintive moan, except when a stranger entered the room; when he would utter a frightful cry, "they come! they come!" and fly precipitately to some obscure place of retreat. He continued in this deplorable condition for about two years, gradually declining in health and strength, till at length he refused all nourishment, and soon expired.

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ART. IV.—*Scarlatina*. By D. L. MCGUGIN, M. D., Mt. Vernon, Ohio.

In the March number of your excellent Journal, I was much gratified with the perusal of the reported proceedings of the Medico-Chirurgical Society of Cincinnati, in which the subject of discussion, so far as the report goes, was *Scarlatina*.

Before I proceed to fulfil the design of the present communication, I may be allowed to express my cordial approval of the plan adopted by our medical brethren of the "Queen city," of freely, familiarly, frankly and in a colloquial manner, giving to each other the results of their experience and practice

in those diseases which have baffled, and continue to baffle in so many instances, the best methods of treatment. If we expect to improve and advance the science of medicine to a point of still greater usefulness to the family of man, this will be found one of the great means for its accomplishment. This intercourse should be candid, unbiased, and unrestrained among those who associate themselves together for this great end and purpose. The exchange and interchange of sentiments and opinions will, by the attrition of mind upon mind, give a new direction to the operations of the mind; a new train of reflections may be established—new thoughts may be awakened because new facts may be elicited, the result of which would probably be, that other and better conclusions would be formed, or an increased confidence given to opinions previously entertained. In some, or indeed, most of the eastern cities, these associations exist, and they are spoken of as pleasant and profitable—pleasant, because they are promotive of a kindly and friendly feeling among the members, and profitable, because the disposition to enquiry and observation is increased.

I was not less interested in the character of the association than the investigation into the pathology and treatment of *Scarlatina*. Although a difference of opinion was manifested among the members, a majority of them testified to the necessity of the supporting plan. These diversified views have heretofore existed, and continue to exist, and hence the want of uniformity in practice. For my own part, I seize with avidity upon every thing promising new light upon this subject.—This arises, doubtless, from the fact that in the State of Pennsylvania, in the years 1831–2, a few years after I commenced the practice of my profession, this much dreaded malady raged as if in obedience to “Herod’s” mandate. Very few families escaped an attack, some losing one, others two or more children, and not a few were left childless. Terror and dismay overspread the country, and sorrow and mourning were the attendant circumstances of the first year of its visitation.

The sudden invasion of the epidemic, the urgency of the symptoms, and the frightful mortality, called loudly for prompt and energetic measures. Every effort was made, but being in the dark as to its true pathology, the best efforts of physicians were not often of any avail for good, but were generally injurious. Bleeding was resorted to, and the patient rapidly sunk. Emetics, oftimes of the mildest character, would speedily run off by the bowels. Cathartics invariably prostrated the patient, and their excessive action upon the bowels could not often be moderated or restrained. Sudden congestion of some

vital organ would admonish against the use of the cold effusion; and the sloughing and ulceration following the use of blisters, were an emphatic caution against their future use.

I was very soon convinced that we had no ordinary enemy upon the field against us. I was just as well convinced that we must change our plan of attack. It was apparent too, that he was powerful and almost invincible, and it was just as apparent that to succeed we must know more of his true character, or of the pathology of the disease.

In the proceedings before referred to, I was forcibly impressed with the views of Dr. Murphy. He says "that it is a disease of asthenia—of shock—of loss of dynamic force." Such was the conclusion which the symptoms in this epidemic compelled me to adopt. It appeared that the morbid poison acted at once as a powerful depressant, more or less, of the vital energies.

It was very evident that the supporting plan must be adopted, and the earliest moment should be seized for the exhibition of remedies for that purpose. Early in the case a gentle emetic was followed by calomel, to remove foul secretions, after which the bark and mineral acid was given every two or three hours. The bark was dissolved or mixed with a small portion of rum diluted with water, and to this was added from three to six drops of sulph. acid. aromat. A two-fold object was secured by exhibiting it in this manner, for in its passage to the stomach, the bark would adhere to the walls of the fauces, forming an excellent gargle. When it was impossible or impracticable to use gargles, this proved the best substitute.—Small portions of ipecac. with sup. carb. soda, were given at intervals, to determine to the skin. The surface was sponged with tepid water, and the patient made comfortable by an increase or diminution of clothing. After twenty-four hours from the attack, if cerebral symptoms supervened, the addition of opium to the ipecac. afforded much relief. These manifestations, it was believed, arose from sensorial irritation. In order to allay irritability of the bowels and check diarrhœa, acetate of lead was added to the above. The tumefaction of the throat was often allayed by cataplasms of hops, with or without the use of the Lint. Vol. In the onset of the disease, if cerebral congestion was manifest, cupping to the nape of the neck oftentimes afforded relief, and even here, we not unfrequently had an unfriendly and troublesome sequence, for the incisions would refuse to heal kindly, and each orifice made by the instrument would ulcerate and become a troublesome sore.



It were needless now to travel further into the history of that epidemic. I have deemed it proper to say thus much, because I had every reason to congratulate myself upon the change made in the treatment. I was then convinced, and subsequent experience has confirmed the conviction, that the supporting plan is the true course to pursue in the treatment of the malignant forms of Scarlatina.

Before concluding, I would remark that the frequent use of mercurials, in general, is highly imprudent, and the exhibition of Tart. Antim. scarcely admissible. They almost universally increased the irritation upon the mucous tissues of the bowels. The chlorine mixture has been used with advantage in the practice of some physicians of much experience. My distinguished neighbor, Dr. John W. Russell, has used it frequently, and he says he has seen happy results flow from its exhibition. I have used it but in two or three cases. In one case, that of one of our physicians who was in a hopeless state from this disease, it was used at the suggestion of the above named gentleman, and since his recovery he can remember the improvement which its exhibition produced in his feelings.

ART. V.—*The History of Three Cases*. Being the Inaugural Thesis of WILLIAM H. REEVES, M. D., Deavertown, Ohio.—Presented to the Starling Medical College, February, 1849.

CASE I.—*Blow upon the Head—Compression of the brain—loss of Memory*.

Sept. 15, 1848, Wm. McC—aged 19, of full habit and good constitution, received a blow by a fall from his horse, and was taken up by his friends and bled. I saw him the next morning. Over the left side of the frontal bone there was a large contusion, but no fracture could be detected. He lay in a deep sleep, his breathing slow, stertorous and laborious, pupils widely dilated, pulse slow, hard, and regular, face flushed, skin warm and moist.

*Treatment*.—Placed him in an upright position, and drew blood from the arm until an effect was produced, after which he spoke, but incoherently, again relapsing into coma, which was so profound that we could not rouse him, to swallow, until an injection (3ss terebinth, 3ss sulphate of magnesia, 3j. mucilage,) was administered. This roused him for a few moments, in which time 10 grs. calomel and 30 grs. jalap were administered. Elevated his head and shoulders, and applied bladders filled with cold well water to his head, and sinapisms

to his feet. Ordered him to be bled again in six hours if consciousness did not return after the operation of the medicine, which was accordingly done; it producing about the same effect as the second bleeding.

*Sept. 16th*—Symptoms much the same; free evacuation of the bowels; scarified and cupped on the nape of the neck and temples to the amount of 3ij; continued the cold to the head, and sinapisms to the feet. Prescribed calomel, 2 grs., Tart. Ant. et Potassa,  $\frac{1}{4}$ gr., Ipecac.  $\frac{1}{2}$ gr. every three hours, to be followed at 6 o'clock P. M., with a black draught.

*Sept. 17th*—The patient can be kept awake, though there is still a strong tendency to coma; incoherence of speech when aroused; pulse slow, and not so hard; pupils not so much dilated; bowels freely evacuated, as well as the bladder; the contusion looks well; skin warm and moist; tongue moist and coated. Cupped, and continued the cold applications to the head; prescribed calomel 2 grs., Tart. Ant.  $\frac{1}{4}$ gr. every four hours.

*Sept. 18th*—Tongue dry, tip and edges red; skin hot and dry; pulse hard and quick; delirium and restlessness. Bled him largely and to syncope; prescribed a black draught; calomel 2 grs., Tart. Ant.  $\frac{1}{4}$ gr., Ipecac.  $\frac{1}{2}$ gr., Ext. Hyos. 4 grs. every four hours; cold to the head, and blisters to the calves of the legs; enjoined strict antiphlogistic regimen.

*Sept. 19th*—Patient much improved; skin and tongue moist; head cool; pulse slower and not so hard; one evacuation of the bowels; incipient ptyalism; blisters had drawn finely. Discontinued the calomel, &c., and continued the cold to the head, and prescribed drachm doses of the following mixture. R Tart. Ant.  $\frac{1}{2}$ gr., Nitrat. Potassæ, grs. xx., Ipecac. gr iv., Water, 3ij. Mix.

*Sept. 20th*—The patient still improving; the above treatment continued, with 2 grs. calomel, and 5 grs. Dover's Powder at bed time.

*Sept. 21st*—The patient is very much improved; contused spot disappearing; head cool; skin moist and cool; pupil obedient to light; pulse 65, and regular; tongue cleaning; lateritious deposit in the urine; complains of his blisters, and pain in his bowels. Suspended the medicine and put him on mucilaginous drinks and soaked crackers for diet.

*Sept. 24th*—Patient able to walk about the room; skin and tongue natural; pulse 65, and regular; appetite returned.—There was complete loss of memory. Names were written on paper, which he would read, but upon turning the paper over and requesting the names he could not give them. He could not retain a name for a moment. He was kept on a strict an-

tiphlogistic regimen, and took a pill composed of blue mass  $\frac{1}{2}$  gr., Tart. Ant.  $\frac{1}{3}$  gr., Ipecac.  $\frac{1}{3}$  gr., Rhei. 2 grs. every other night.

*Oct. 7th*—Whilst the patient was preparing to retire to rest, his memory returned to him suddenly, he being conscious of the change.

CASE II.—*Surgical*—*Fracture of the Inferior Maxillary, complicated with a severe wound.*

*History.* J—— F——, aged 33, was using an axe beside a pile of wood. A log falling from the pile, struck the handle and threw the axe upwards with great force, striking the patient and inflicting a large wound, and fracturing the lower jaw. The wound extended from the trachea through the jaw, completely separating it obliquely through the symphysis, and detaching from the jaw a piece containing four teeth, (central and lateral incisors, canine, and first bicuspid.) There was profuse hemorrhage, especially from the inferior dental artery. When I reached the house, the other wounded vessels had ceased to bleed, and I hastened to arrest the hemorrhage by compression, and then suffered the patient to rest for two hours. I then dressed the wound with three interrupted sutures, and proceeded to adjust the fracture. Having corrected the malposition of the bones (occasioned no doubt by the unequal action of the masseter and pterygoid muscles) I inserted two simple pieces of cork (cut to fit the jaw, and grooved upon the upper and under sides, to receive the teeth) between the teeth, to be held by the jaws, and to project over the loose portion sufficiently far to hold it firmly in its place; and found it to answer the purpose admirably. The corks were cut so that they separated the jaws but slightly, and the two served to equalize the muscular action, whilst through the opening between them, the patient received his food with much facility. These dressings were retained in their places by a pasteboard splint and bandages. The wound healed rapidly, and in seventeen days the corks were removed, and the union found complete.

At the time of this fracture the writer knew nothing of Barton's elegant bandage for fractures and dislocations of the Inferior maxillary.

In simple fractures the corks would not be required, but in compound fractures, well grooved and fitted corks, are undoubtedly advantageous.

CASE III.—*Obstetrical*—*Tranverse Presentation.*

*History.* Mrs. R——, aged 30, was in labor with her third child. I was informed that in her first labor she had been unfortunate, having given birth to a dead child; and in her second labor she had suffered greatly, and given birth to a living



child, which, however, did not survive long. I learned also, that another physician had been called early to the case, had taken it in hand, bled her, and made an examination per vaginam, which resulted in the discovery of a transverse presentation, when he advised that I should be sent for, but before I arrived, he had left the house. From appearances, I supposed the patient in the second stage of labor, and went immediately to work to ascertain what the presentation was. I found the membrane ruptured, the os uteri dilatable but not fully dilated, and all the extremities presenting; the pains recurring at short intervals without any apparent increase or diminution of force, all of them being well marked bearing down pains. A second examination revealed the os uteri still further dilated and a leg and an arm projecting into the vagina, the other foot and hand being detected still higher up. To effect a change of position was the great object, and the question arose whether it could be effected, the labor having progressed so far. The pains (stimulated no doubt by the examination and the motion of the extremities) now began to follow each other with great rapidity, and threatened the destruction of the child, or what was more to be feared, a rupture of the uterus; for it was evident that "spontaneous evolution" was out of the question in this case. Having but little time for reflection, and there being no regular physician within many miles with whom I could consult, I hastened to administer an opiate with a view to check the action of the uterus. Having placed the patient in a better position, (upon the left side, near the edge of the bed) I informed her that it would be necessary to effect a change in the position of the fœtus, and to assure her that with patience all would terminate right, when she refused to have anything to do with a view to saving the child, as she was sure that it would be dead, as her others were; she was led to yield, at length, by informing her that it was necessary for her safety, as well as that of her child, and that the child was living. Without further loss of time I set diligently to work to effect a version. Having attended to the necessary preliminaries, I attempted to pass my hand gently and steadily into the uterus, but found the fœtus pressed firmly against the brim of the pelvis, and the uterus firmly contracted around it; an arm and leg were protruded through the os uteri into the vagina, the other hand and foot could be detected just above the os uteri, the knee being caught between the os uteri and the fœtal abdomen, the breach looking towards the left groin, the head towards the right ilium. The pains declined rapidly as the opiate took effect, and I suffered the patient to rest until I detected a slight contraction of the uterus, when

having waited until it had subsided, I renewed my attempts to pass my hand into the uterus, and having reached the foot that was highest up, I brought it to its bearing, and passed a tape loop over it. Holding the tape in my left hand, I passed the index finger of the right hand between the leg and the neck of the womb, disengaged the knee, and brought the limb down. At this stage of the attempt at turning the child, I had to contend with a serious difficulty in the want of propulsive uterine contractions, and commenced to make gentle friction over the abdomen, and at length was successful in stimulating the uterus to action. With the first pain I made gentle traction by the feet, and found the breach was gradually entering the superior strait. Continuing to apply friction assiduously, the pains increased gradually in frequency, and soon expelled the body in part, bringing the head to encounter the superior strait. I now brought down the cord a little, and found it pulsating feebly. After a lapse of about a minute, I grasped the abdomen, and a powerful contraction followed, immediately expelling the head, and at the same time the pulsation in the cord ceased to be perceptible. Having waited a short time, and there being no signs of animation, I sprinkled a few drops of cold water over the infant, when respiration was set up, and after it had cried loudly, it was removed. The secundines were expelled into the vagina and removed as in ordinary cases.

From the foregoing case I deduce the fact that cases may arise, in which it will be right to check the action of the uterus, but the same caution and discrimination will be required with regard to the means to be employed, and the employment of the means to check or interfere with uterine action, as would be required in the use of the *se cale cornutum* to produce the opposite effect.

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## PART SECOND.

### AMERICAN INTELLIGENCE.

#### ART. I.—*The Heart Clot.*

*To the Editors of the Examiner :*

GENTLEMEN : I beg leave, through the columns of your useful periodical, to present the statement of certain opinions I have long entertained, relative to points in pathogeny connected with the occurrence of endo-cardial coagula ; and I do so, because I consider them deserving of serious consideration by the practitioner.

These opinions are connected with certain points of practice or treatment that are, in many cases, indispensably necessary for the safety of the sick; and my sole desire in offering the communication, is founded on the hope that it may tend to prevent some disastrous events, which the want of a little reflection might allow.

I believe it is a fact, not to be controverted, that in an animal slowly bled to death, the first portions of blood extravasated, coagulate less readily than the last portions. If this doctrine be true, it follows that the coagulability of the blood left in the vessels after great hemorrhages is augmented. I have had several occasions to find that it is dangerously augmented.

To take one of the most ordinary cases of hemorrhage—I mean that occurring after labor, or in abortions—we have an instance in which, even after the arrest of the bleeding, the patient is exposed to mishap from the coagulability of the blood remaining in the vessels. Loss of blood produces a tendency to fainting, or lipothymia; during an attack of fainting, the motions of the heart are enfeebled, the diastole slow—torpid, for the blood moves languidly in both the *venæ cavæ*, pours itself out in a slow current into the auricle, which it sluggishly distends, and sometimes is then instantly converted into a solid clot. If a clot be formed in the right auricle, it will also be formed in the *iter ad ventriculum dextrum* filling up the cone of the tri-cuspid valve; and the nucleus of it will cause the coagulum at length to occupy the cavity of the right ventricle, and extend itself to a greater or less distance along the tractus of the pulmonary artery. If the whole pulmonic side of the heart should be perfectly occupied in this way, the death of the individual would be instantaneous; and I doubt not, that many of the examples of sudden death, after delivery in hemorrhagic labors, are produced by the formation of cardio-morphous coagula which form in the instant of a state of fainting, or lipothymia. It is understood, that the young Princess Charlotte, whose death at Clermont cast a mournful gloom over the whole British Empire, died within fifteen minutes after the birth of the princess, and that there was no very considerable hemorrhage, no laceration, nor other incident that might fitly explain the suddenness of her decease. Many women are known to perish in this manner. I have been the eye-witness of instances of this kind. I have also seen a very great number of persons, who appeared to me to be in danger of perishing in the same way, but who escaped a fate so deplorable. I am aware also of instances in which women, after considerable hemorrhagic losses, have been esteemed by



their physicians to be what is called doing well, during a space of from one to seven days, but who afterwards becoming *instantly* extremely ill, have perished without remedy in from two to twenty days thereafter.

If a surgeon, desirous to reduce a luxated humerus, should attempt to do so, he might find the resistance of the muscular contraction so great as to prevent his success, and he would therefore probably resolve to take away the resistance of the muscular contraction, by bleeding his patient *ad deliquium*.—The surgeon knows that the deliquium would take effect upon the loss of a much smaller quantity of blood, if the patient should be placed upon his feet in a standing posture, than if he were to recline upon his bed in a low recumbency. He would bleed the man while in an erect position. This ordinary practice is conformable with the dictates of experience in all cases of fainting, for it is well known that an individual will faint more readily in a vertical than in a horizontal position; and the first idea that is obvious to any medical man in a case of fainting is this—that he shall cause the patient to be laid with the head very low, taking away for the time even the pillow. I have on many occasions, besides taking away the pillow, found myself under the necessity of elevating the foot of the bed by placing books or blocks under the lower bed-posts in order to favor the determination of blood to the encephalon; for I conceive that in all cases of fainting the brain has become oligæmic.

I may assert the opinion here, that fainting is oligæmia of the encephalon, and that a hyperæmia of the encephalic bulbs is the very converse of and absolutely incompatible with the state of swooning. To raise up a woman who has within the few days past lost a considerable quantity of blood is almost inevitably to bring on deliquium. Now, if the idea be just, that hemorrhage renders the remaining blood more coagulable, then it follows, that to take the woman out of bed, or to let her sit up in bed, is to expose her to the hazard of forming a coagulum in the right auricle, which, by extension of the nucleus, may fill the ventricle, occupy the aperture of the tricuspid, and pass several inches upwards in the course of the pulmonary artery and its branches. Monthly nurses, and the ordinary attendants of the sick know nothing of these things, and they hesitate not, oft-times, to exhort or to permit the anæmical accouchee to rise and sit for a few moments for purposes that might be answered without quitting the horizontal position.

A lady was taken in labor in the afternoon. She sat in her arm-chair all night without sleeping; at five o'clock in the

morning she placed herself upon the bed and the child was born in half an hour. The placenta was spontaneously and perfectly extruded, nothing being left in the womb; it was her fifth labor. Within an hour she had hemorrhage—the vagina and uterus contained large coagula which were turned out by the physician, whereupon the hemorrhage ceased; she may have lost altogether some thirty ounces of blood. He remained near her for several hours. At mid-day, throughout the afternoon, and during the following night, she appeared to be perfectly well. At half-past nine the following morning, the physician made his visit; she was without pain or the least indisposition, nor had she any symptoms, save those that appertain to the condition of a healthy accouchee. Her pulse was about 75 beats per minute; the respiration, temperature, and hue, satisfactory to the medical attendant; her complacency, physical and moral, was absolute.

The physician left her at 10 o'clock in the morning. Being summoned again, he reached her apartment at one, P. M., and found her in a state, which led him to suppose that she might be near dying. The pulse was 164 per minute, very feeble and thread like; the hands were cold, and the respiration was performed apparently by the strong effort of her will only. The respiratory acts were performed with great violence, and without rhythm. Auscultation of the heart disclosed a feeble impulse, with great irregularity of the systolic action. She had lost no more blood beyond the ordinary lochial discharge; the vagina which was examined contained no coagulum.

When I came into the apartment at 3 o'clock, P. M., she supposed herself to be in a dying state, and asked me if I thought she would live half an hour. It is difficult to conceive of a spectacle of more extreme physical distress than that presented by this dying lady. Every respiratory act was attended with violent pain referred to a place near the lower extremity of the sternum, as in angina pectoris. Palpation of the abdomen and questions relative thereto, showed nothing abnormal there. Upon retiring for consultation, I expressed to my medical brother the opinion that the pulmonary heart was filled with a coagulum or false polypus; the prognostic, therefore, was necessarily fatal.

She had been left at 10 o'clock in the morning with a pulse at 75, and in the course of the forenoon she had been taken up from her recumbent position, and allowed to sit upon the close-stool for the purpose of evacuating the bladder of urine, immediately after which she was ill, and the physician sent for.

I made this diagnostic upon these grounds, viz : I said, there is no pathogenical principle that I know of that can explain the change of her pulse from 75 to 164, in so short a time, save that of a mechanical obstruction formed by a clot or tampon filling up the cavities of the heart. It is clear that there is no scarlatina, no variola; no fever of any kind—no attack of Asiatic cholera nor other malady, that is capable of making so soon, so great a change in the action of the heart as is here observed. The patient had hemorrhage yesterday, which has increased the coagulability of her blood; she was taken out of her recumbent position and placed upright in bed, whereupon she became suddenly ill in consequence of the coagulation of blood in her auricle, and there is no power that is able to remove this tampon from the cavity of her heart; it will destroy her as effectually as would a musket ball deposited in the ventricle.

The respiration in this case was carried on, at the time of my arrival, solely by the force of the voluntary power. There seemed to be no rythmical respiration whatever; when she ceased to breathe by her volition, her respiration appeared to be suspended altogether. As might be expected, these voluntary aspirations were not rythmical, but interrupted, uncertain, having long intervals. The blood that came up from the inferior cava and down from the upper cava, must have passed with great difficulty between the superficies of the clot, and the paries of the heart. It must have moved in small quantities only through the tricuspid, and when distending the pulmonary ventricle, that ventricle could contain but a small portion of fluid blood, being mainly occupied by the coagulum.—A similar difficulty existed as to the efflux of the blood along the pulmonary artery, which was tamponed at the time with a cylindrical clot extending several inches along the vessel and its principal branches. Under these circumstances, the quantity of carboniferous blood entering the lungs by the pulmonary artery, for aeration, could be a small quantity only; hence the violent, almost spasmodic protracted efforts to aspire the air of the atmosphere; efforts which, however great, must measurably fail of the purpose of abolishing the direful sense of pulmonary oppression, or respiratory distress, or to use a more concise term, asphyxiation. The quantity of blood in the lungs was too small to receive the endowment of oxygen which is requisite to preserve any individual from a feeling of suffocation; and however thorough might have been the aeration of the small quantity that was there, however brilliant and florid may have been its arterial hue after being breathed upon, the quantity of oxygen imparted to it must ne-



cessarily be insufficient so to act upon the nervous mass, the neurine, as to hinder the conscious principle from perceiving the sense of asphyxiation. With a heart situated in this manner—with the utter impossibility of thoroughly oxygenating the sanguine mass, the innervation gradually fails—a failure which is manifested in the decadence and ultimate overthrow of the various functions. All the functions are but the expressions of the biotic force that is sent down by the encephalic bulbs and spinal cord to the distal points of the nerve-fibrils in the organs. Every acinus of a gland is alive solely by the nervous force which comes into it by the fibril that connects it with the nervous mass, to obey whose mandate is to live, while to fail of receiving it is command to die; the same is true of every part and particle of the histological constitution.

As the encephalic bulbs certainly cease to irradiate the organs when they themselves cease to receive through the oxygeniferous streams injected into them by the carotids and vertebrals, the supplies of oxygen which alone enable them to evolve the life force, the nerve force, the *lebenskraft*, the biotic force—it follows, that the organs die in the same ratio as those bulbs fail and perish.

One is not surprised, therefore, upon observing that a person in good health, like this unfortunate lady, the right side of whose heart becomes suddenly, instantaneously tamponed by a coagulum, should fall a victim, and that speedily, not to the presence of the clot alone, but to disease developed in other parts, whose life is overthrown in consequence of the obstruction of the prime organ of the circulation. Only a few hours could pass with a large coagulum in the heart, before the pericardium would begin to be filled with serum, or the embarrassments in the pulmonary circulation seek in vain for relief, by pouring out a vast effusion of water into the cavities of the pleura; or the innervative force being withdrawn from the viscera contained within the abdomen, whose venous blood is prevented from flowing off through the pulmonary artery, there is set in motion in the peritoneal sac, a tide of effusion filling it up in the course of a few hours.

In all such cases as those of which I am speaking, the escape of the blood from the venous side of the sanguine circle is retarded, with the effect of producing enormous engorgements of all those venous branches, which usually and readily allow their products to run off through the ascending and descending cavæ. Let the reader perpend for a moment the condition of that portion of the vascular system which receives aortic injections by the cæliac and the superior and inferior mesenteric arteries; let him reflect that the whole of this tor-

rent, which is entirely expended upon the chylopoietic and alimentary organs, is first collected by the capillary radicles of the portal vein, then distributed again among the capillary termini of the hepatic porta, whence it is a second time collected to flow off by the hepatic veins. Now, if the auricle and ventricle are tamponed by an endo-cardial coagulum, this whole torrent is inevitably arrested, and the cavities become immediately engorged by the continued injections from the aorta, leaving no grounds of astonishment as to sudden or fatal derangement of the healthy states of the tissues that are developed by it.

The time required for extinguishing the life of the sufferer is a variable time; one relative to the magnitude and extent of the coagulation. I can imagine that in the case of the Princess Charlotte, already alluded to, a coagulum was formed, which filled the heart so completely, as to put an end to its action within fifteen minutes after the birth of the princess.—My patient above mentioned, lived forty-eight hours after the occurrence of the accident, during which time she suffered the most inexpressible respiratory distress. She filled her pericardium with serum, while her peritoneal cavity became also the subject of a great effusion. Upon examining the heart twenty-four hours after her decease, one might feel surprised that her life could be so long protracted, since the auricle, tricuspid, and ventricle were completely tamponed with a clot which was not an enthanasial clot, but consisted apparently, of a firm, whitish-yellow mass of fibrine, out of which every particle of hæmatoglobulin had been washed away, or expressed. An enthanasial clot is, in my opinion, necessarily a red one; a preenthanasial one ought to be white.

A patient in this city was delivered early in the morning. Soon after the birth of the child and the delivery of the placenta, the physician descended to the breakfast room, having given strict charge that the patient should preserve the recumbent position, and be kept quiet. While at his breakfast, cries from the top of the stairway called him, for ‘God’s sake,’ to hasten to the assistance of the patient. In a moment he was at her bed-side, where he found her already dead, having fallen backwards across the bed, with her legs hanging over its side. He was told that she had said to her nurse, “I wish to get up,”—“The doctor says, madam, you must not get up, if you please.” “But I must get up, I will get up.” She threw her feet out of the bed, and rose up sitting upon its edge; her head reeled to and fro, and she fell back and expired. No examination was made of the dead body, but I ask the reader to explain the cause of this sudden death, otherwise than by the

rationale that her heart ceased to beat because it became instantly filled with an immovable clot.

Man cannot die, save by the cessation of activity in the brain, or in the heart, or in the lungs; he lives within this triangle, and can only escape at one of its angles. He must die by the brain, or by the heart, or by the lungs. It is to the last degree improbable that this woman perished solely because her brain ceased to evolve; but if it did not *instantly* cease to evolve, it must have continued to be the cause of motion everywhere. If the heart, as I suppose, became instantly filled with congealed blood, so that it could no longer receive nor discharge any portion of that fluid, the nervous mass would cease to live as soon as it should have consumed all the oxygen contained within its capillary vessels at the moment of the arrest of the cardiac circulation. The patient died by the heart.

A lady was confined in a natural labor, giving birth to a healthy child, at term. She lost a considerable quantity of blood at the time of the extrusion of the placenta, which left her feeble and pale. Her physician directed her to be kept quiet. She had a good day, and following night. At the morning visit the physician found her comfortable, and her condition was satisfactory to him. Soon after he left her apartmentshe was seized with violent alarming illness, whereupon he was recalled, and was again present after the lapse of about an hour. Her pulse was extremely frequent, feeble and small; it continued frequent until the moment of her death, which took place about the nineteenth or twentieth day. On the eighteenth day, I think, I saw the lady, and formed the opinion that she was perishing on account of a false polypus, clot, or tampon in the heart, established there by the imprudent early uprising after a hemorrhage. After her death, a great quantity of water was found in the cavity of the right pleura, while a firm white coagulum, entirely destitute of corpuscles, was detected in the right auricle, filling up very much the cone of the tricuspid, while the ventricular end of it seemed to be torn or threshed to pieces by the cordæ tendineæ, which during so many days, had been vainly occupied in the endeavor to demolish it. The filling up of the pleura with serum was a natural consequence of the condition of the respiratory organs, quite as much so, but not at all more so, than was the filling up of the peritoneum and pericardium in the former case, consequences of the arrest of the circulation in the cava and its branches.

Towards the end of the year 1848, a primapara gave birth to her first child. She was tall, very slender, and delicate;



the placenta was not removed; she lost a good deal of blood. Between forty and fifty hours after the birth of the child, upon being called to her succor, I removed the placenta from the cervix uteri in which it was grasped and detained. I removed it with the index finger of my right hand. The stench of it was noisome to the last degree. The putrid odor of it remained upon my hand for twenty-four hours, notwithstanding every effort to remove it. The patient was pale, and her pulse somewhat frequent, presenting the usual characteristics of the anæmical pulse. On the following day she was comfortable; the milk was secreted, the lochia healthy, and she was doing well, though still very pale. On the seventh day, she was placed in a chair before the fire, sitting up; she immediately felt sick, was put to bed, and I being called in to see her, told her friends that she had formed a fatal coagulum in the heart. She lived about forty-eight hours after the accident; I did not examine her body. I leave the reader to judge whether my diagnostic was or was not probably correct. She had a pulse upwards of 160—the impulse of the heart feeble—the respiration disturbed—frequent.

On a great many occasions since I have been a practitioner of medicine, I have been called to see patients, who, after hemorrhagic labors, have disobeyed my injunctions as to horizontal rest, and who being prematurely lifted upright in bed, had fainted. I have not a doubt that among those of these persons in whom I found the heart fluttering, irregular and feeble in its action on my arrival, incipient coagulation existed. I have thought as I entered the room of a patient, that her auricular blood had begun to thicken, but was driven out from the auricle before its thorough coagulation, in consequence of the startling effects of a dash of cold water upon the face, or of clapping the hands, or snatching the pillow from under the head and shoulders, allowing the head to fall so as to favor the restoration of its vascular tension or even hyperæmia, and thereby re-establishing the perfect and powerful extrication of its innervative force. The re-excitation of the innervative force of the brain would probably soon enable a heart so situated to discharge itself of the inchoate coagulum.

It is not needful that I should draw out this paper to any great length; nor that I should discuss the reasons why so many autopsies present the evidences of the endo-cardial clot of which I have spoken, without having excited in the mind of the attendant practitioner, the suspicion of its presence before the death of the patient. It appears to me, to be enough for the present occasion, to propound the question, Can a patient with a white clot in the auricle and ventricle recover?—

If such a clot be a small one, the pulmonary circulation, although checked, is not necessarily suspended, but the nucleus of such a clot, like the nucleus of an urinary calculus, tends constantly to increase in size, and hence a small coagulum, which strangely disturbs the action of the heart, may consist with a considerable protraction of the struggle against its fatal power over the circulation. The gradual augmentation of the volume of the clot, and its extension into the pulmonary artery and its branches, must in every case lead to an inevitable dissolution. I have not the least confidence in the power of alkaline medicines to dissolve such coagula, nor do I admit that the dull white endo-cardial coagulum so often discovered is the result of a state of endo-carditis; but I rather attribute its occurrence to a temporary stasis or near approximation to stasis during a state of fainting in an exhausted patient. Its occurrence after hemorrhagic labors, or upon the almost total suspension of the circulation at the cessation of an attack of puerperal eclampsia ought not to excite surprise. If a coagulum should fill the auricle and the tricuspid valve completely and at once, the death would be almost instantaneous and the clot would be found red. If the process of its formation should be long protracted, it would be dull white.

I did not design in this paper, to speak at all of the entanasial coagulum; it is perhaps quite normal that some portions of the blood last reaching the heart, at the moment of death, should congeal there.

In regard to the diagnosis of cases in which the endo-cardial coagulum becomes suddenly constituted, as in the examples of which I have spoken, it appears to me that the medical observer, in order to make it, must resort to a method which is only to be fitly characterized as transcendental diagnosis. It is true that the feeble impulse and almost complete suspension of the sounds of the heart, might serve as a quasi physical diagnosis of however little value.

By transcendental diagnosis I mean one made by a process of the mind, fitter to be called sentiment or conviction, than a regular ratiocinative progress.

To enter an apartment one has quitted only half an hour before, and to find a patient hopelessly ill with signs of imminent death, yet who had no serious symptoms of illness before—to find her making desperate voluntary efforts to breathe, without any signs of laryngeal or phrenic or pulmonic inflammation or accident—to see the face pale and ghastly—to observe her conscious sense of impending asphyxiation from loss of oxygen—without the leaden or iodic hue of a general cyanosis. These are the grounds of a diagnosis which may be

called transcendental, one in which the consciousness of the physician informs him that a mechanical obstruction within the heart exists, and that such an obstruction alone can give rise to the phenomena.

In all the lingering or sudden progressions of the accidental disorders supervening in endo-cardial coagulum, no purely cyanotic manifestations have met my observation.

Writers on cyanosis mostly refer the cyanotic symptoms to the backing of the carboniferous blood of the veins into the capillaries. You, Messrs. Editors, are aware that I have maintained the opinion that cyanosis is, in its essence, not blueness of the surface, but a state of the nervous mass produced by the absence of oxygen in the brain-capillaries.

The writers, and among them perhaps in chief, Professor Rokitansky in his *Pathologisches Anatomie*, contend that cyanosis depends most commonly upon constriction of the orifices of the great vessels of the heart, preventing the venous blood from escaping from the cavæ by the routes of the heart. Now, I aver that no obstructions existing in the vessels of the heart can be more complete than that depending upon a large endo-cardial clot, or tampon; and yet I venture to say that under circumstances of such kind, the victim perishes without manifesting the peculiar livor or cyanotic tinge which characterizes the forms of the malady, that are connected with open foramen ovale and imperfect action of Botalli's valve. It is my clear conviction, that as long as the respiration can be carried on in endo-cardial clot, the blood, however small in quantity, that reaches the lung passing along the superficies of the clot, is highly charged with oxygen. While, therefore, oxygeniferous blood continues to reach the brain, the patient, though conscious of the want of oxygen in due quantity, is in a state different from that of one who injects only carboniferous or venous blood into the neurine of the encephalon.

My intention was to speak only of the white clot, the false polypus, to show the probability of its being formed under circumstances of deliquium, in the oligæmia that follows uterine hemorrhage; and thereupon show how dutiful a thing it is on the part of the attendant physician, to issue the clearest and most precise orders as to the guidance of the hemorrhagic accouchee. I believe that a woman who has lost a very great quantity of blood, and who is prematurely taken out of her recumbent decubitus, and placed upright upon the close-stool; whether in bed or not, incurs a most dangerous risk of a miserable and premature death, from the sudden formation of a heart-clot.

I am, gentlemen, Your ob't servant,

CHARLES D. MEIGS.

*Phila. Med. Exam.*



ART. II.—*Lithotomy*—117 *Calculi, weighing 4½ ounces, successfully removed.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

A brief notice of the following case, against the writer's expressed wish, was made in one of our newspapers. It is proposed to record it now, where, if it possesses sufficient interest, it legitimately belongs.

In the severe September gale of 1824, Mr. O'Bannon, then a lad of 18 years, was engaged at work upon a house, which was blown down. In the fall, he was struck upon the back by a piece of timber, and from the injury then received he dates his difficulty in urinating. During the twenty-four years he has been a sufferer, Mr. O'B. has fully tested the prescriptions of the *unprofessional* of several States, and he has travelled far and near in search of relief. He even became a sailor on the ocean; but all to no purpose, his disease continued to harrass him day and night.

For the past two years his difficulty to urinate became so great, that to discharge it at all, he had to assume the horizontal position, and then with the fingers introduced into the rectum, he pushed up the bladder. A large quantity of matter, he says, is also evacuated by the penis. When he sits upon the edge of a chair he experiences a sensation as of crushing (crepitation) a ball of snow in the perineum.

In December he entered the charitable Institution under our Faculty, and a catheter was for the first time attempted to be introduced. This came at once in contact with a calculous mass in the perineum, where a tumor was found, projecting to the right of the raphe running back from the scrotum.

OPERATION.—On the 6th of last month (January) the following operation was performed in the presence of the Medical Class of our College—Chloroform was administered by Dr. Means. After the patient was placed in the usual position for lithotomy, an incision, about three inches in length, was made over the tumor situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female catheter through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra and the double lithotome conducted by it into the bladder; the former was withdrawn and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithot-

omy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation, the rectum protruded in a large mass so as to interfere with lowering the handle of the forceps, to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour. He was so reduced by his long suffering, a period of twenty-four years and four months, that after the operation I took him like a child in my arms and carried him up a flight of stairs to his room.

The following is the analysis of the calculus, kindly made by Prof. Means, and addressed to me:

"The urinary calculus, taken from the bladder of Mr. O'Bannon, has been subjected, at your request, to a chemical analysis, and merits at my hands the following description, viz :

*External form.*—The particular calculus under consideration, is but a fair specimen, both in its physical properties and chemical constituents, of every other of the entire number removed from the perineum and cystic cavity of your recent patient, and which, by your courtesy, I was privileged to examine, both during and after the extraordinary operation. Being a solid, bounded by four oblique planes, it presents the *tetrahedral* shape distinctly: its solid angles and lateral edges, instead of being regularly truncated, and replaced by tangent planes, exhibit gently rounded surfaces, which gradually blend with the respective faces, and are evidently the result of constant attrition, kept up for many years.

*Physical characteristics.*—The exterior furnishes a beautifully smooth, and even polished surface. The *structure* is laminated with admirable parallelism—the respective tunics conforming to the external figure of the stone, and easily separable by the nail—the *fracture*, uneven, and the *powder*, harsh and gravelly under the touch.

The predominant *color* is a greyish white, which is frequently substituted, however, in the more deeply seated laminæ, by a pale brown tint. Its *specific gravity* is 1.02.

*Chemical constituents.*—I had anticipated the *uric acid calculus*, but the use of the blow-pipe flame, and the application of appropriate acid and alkaline tests, soon revealed the presence of *Phosphate of lime*, almost pure. This form of urinary concretion has been pronounced by Silliman, Gardner and others, as very rare. It is peculiar, however, to the *prostate gland*, in the neighborhood of which the calculi, in your recent operation, were found to be embedded, and which probably

controlled the chemical affinities that subsequently deposited so large a mass in the fundus of the bladder. Its chemical elements are 3 atoms of Phosphoric Acid, 8 of Lime, and 1 of basic water, as expressed in the following formula:— $8\text{ Ca O, HO-}-3\text{PO.}$

The *Fusible Calculus* (Phosphate of Ammonia and Magnesia) has, in one or two instances, reported in the Philosophical Transactions, for 1809, been found in such quantity as nearly to fill the cavity of the bladder, but so large a mass of Bone-earth calculi, is surely a still more rare occurrence.

The whole number extracted was 117, of which the largest weighed 3ij. and 38 grs.; the two next in size, *each* 78 grs., and the smallest 1 gr.—furnishing an aggregate weight of 3ivss."

As usual with me, no dressing was applied to the wound, but the patient was requested to keep his knees together, and to remain perfectly quiet. He took 40 drops of laudanum the night after the operation, and his diet was restricted to cold lemonade flaxseed tea. He also omitted the medicines upon which he had been placed, viz., Peruvian bark and sulph. iron, with volatile alkali occasionally.

January 7th. Had passed a pretty good night. Some urine had even been already voided by the natural passage, notwithstanding the opening in the perineum. He has bathed himself in warm water; has now no fever, is quite cheerful, smokes his pipe, and has taken some soup, table tea, and an orange.

Jan. 8th. Is doing well. Has had a good night—the best he says, for years past. Uses a bed pan to prevent soiling the clothes. Has sat up a little by the fire.

He has continued gradually to improve, notwithstanding the unfavorable state of the weather. No other application to the wound than castile soap and warm water, several times daily.

On the 10th, four days after the operation, he changed his room. He experienced the next day some uneasiness in urinating, and had for a day or two slight diarrhœa.

On the 17th, the eleventh day since the operation, he was out in the yard walking about. By pressing the edges of the wound together he could now pass nearly all the urine through the urethra.

On the 24th of January, i. e., the 18th day after he was embarrassed of his numerous calculi, Mr. O'Bannon returned home, a distance of 22 miles. The wound had nearly healed. He is to use, as a tonic, small doses of sulphs. quinine and iron.

A month after the operation, a special messenger reports him entirely well.



In noticing the peculiarities of this case, we remark—1st, the cause—an injury to the spinal column; probably by partial paralysis of the bladder favoring a perversion of the function of this organ.

2d. The nature of the calculus—phosphate of lime or bone-earth. This is, I believe, peculiar to diseases of the bladder itself. Any calculus may have a coating of phosphate of lime, but when composed throughout of this combination, the evidence is strong, if not conclusive, that it originated in the bladder.

3d. The long existence of the disease without its character being detected.

4th. The size and shape of the calculi. They appeared both in the perineum and bladder, to have been regularly impacted, one against the other. Occasionally two, but generally one only was seized by the forceps in their extraction.

5th. The membranous portion of the urethra preserved its integrity, while the bulbous was ruptured by the stones. The two deposits, the one in the perineum, and the other in the bladder, were about two inches apart.

6th. The calculi must have all had a common origin—there being no difference in their shape, color or composition. Those in the bladder were, however, a little larger than those taken from the perineum. I agree with Prof. Means in the opinion, that they probably originated in the prostate gland, observing the laws of crystalization in their subsequent aggrandizement in the bladder and perineum.

7th. The remarkable fact that Mr. O'Bannon preserved his virile powers. His wife has borne several children, and is now actually seven months pregnant.

8th. The speedy recovery, in certainly, what must be considered, quite unfavorable circumstances.—*Southern Med. and Surg. Jour.*

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ART. III.—*Dr. Parker's Clinique; College of Physicians and Surgeons. March 5, 1849.*

CASE 1st.—Boy, aged 7 years, with strumous or scrofulous conjunctivitis.

Dr. Parker remarked that this case was important as illustrating a particular form of ophthalmia—one, too, in which accuracy of diagnosis is all important, in view of successful treatment. Indeed, remarked the doctor, we have with the eye, as with the ear, too little careful discrimination in regard to the different forms of disease which affect its various structures.—

If called to a patient with redness, heat, and pain in the eye, the physician is too apt to pronounce it *ophthalmia*, and make out his prescription, without the least inquiry into the question, whether the inflammation is located in the conjunctiva, the sclerotica, the iris, or any other of the structures of the eye. And as little do they enquire whether it is catarrhal, scrofulous, rheumatic, or syphilitic in its character. On this account many blunders are made in the treatment, and many eyes irretrievably lost. In the case before us, we have an enlarged and congested state of the vessels of the conjunctiva, forming a net-work over the whole surface of the eye-ball except the cornea. There is some intolerance of light, and the pain is of that smarting, rough character which likens it to the pain arising from sand or dirt in the eye. The lids are agglutinated together in the morning, showing the existence of *lipitudo* or disease of the Meibomian glands. There are also some small pustules, near the base of the cornea, which if allowed to go on, would, doubtless, lead to small irritable ulcers. The disease in this case has continued eight or ten days, and affects both eyes. It is of a sub-acute character. From inflammation of the sclerotic coat, it is distinguished by the character of the redness and pain. The vessels in scleritis, instead of showing a prominent network, as in this case, seem to radiate in lines from the base or edge of the cornea, as from a centre, are less prominent, and more nearly of a brick red color. The pain in the eye, is deeper seated, and like rheumatism, most severe at night. From simple catarrhal conjunctivitis, it is distinguished by the general scrofulous aspect of the patient, by the greater intolerance of light, and especially by the pustules already alluded to. These latter are characteristic of the scrofulous ophthalmia.

*Treatment.*—This must depend entirely on the stage and character of the inflammation. In this case which is sub-acute, of several days continuance, and presenting evident marks of scrofula, the treatment should be mainly constitutional; 4 grs. of calomel, or 6 grs. of *pilulæ hydrarg.*, given at night and followed in the morning, by *rheum* and *soda*, sufficient to operate moderately on the bowels, followed in two or three days by small doses of the iodide of iron, or of bi-chloride of mercury dissolved in tincture of cinchona, would, doubtless, speedily effect a cure. Locally, a collyrium composed of

|   |                      |      |
|---|----------------------|------|
| R | Rose Water, 3i.      |      |
|   | Sulph. Zinc, 4 grs.  |      |
|   | Vinum Opii, 30 gtts. | Mix. |

dropped into the eye two or three times a day, and an oint-

ment composed of Unguentum Hydrargyri nitratum, largely diluted with rose ointment, applied to the edge of the eye-lids every night, will generally much facilitate the recovery. In cases of a more acute character, local bleeding may be necessary in the commencement.

The strength of all local applications to the eye should be regulated by their effects. The smarting induced by them, should never exceed five minutes in duration. No *poultices* should ever be applied to an inflamed eye.—*Annalist*.

ART. IV.—*Death from Chloroform*. By JOHN JEFFRIES, M. D.

March 7, 1849, I was called at about 7 o'clock, A. M., to visit Abby Pennock, said to be 17 years of age, a domestic in a family of high respectability, residing in Mount Vernon street. I found her dead under the following circumstances. The body was lying on a feather bed, on the left side, with the head bent forwards to the edge of the pillow; the arms crossed; the right hand, containing a linen handkerchief crushed into a small compass, was pressed with such force upon the upper lip and nose as to produce considerable distortion. The left forearm crossed the right, as if to aid the pressure upon the mouth; the knees were drawn high up in the bed; the eyes were open, and the pupils dilated; her night cap was tied very tightly under the chin; the bed-clothes were drawn over the head; the face, especially at the lower part, the throat, chest and arms, were quite livid; the body was warm, and exceedingly rigid, so much so, that in forcing the hand from the mouth the whole body was turned over; the handkerchief which she held had a faint smell of chloroform. From the impression on the soft bed, it appeared that she had not moved from the position assumed on first lying down. No phial containing chloroform or any drug could be found about the room; but there was lying on the table a piece of paper having the appearance of having been recently used as an envelope for a phial. Having determined to make a more full examination of the body in the afternoon, it was left nearly as found.

At 4 o'clock, P. M., the autopsy was made, being conducted by Dr. J. B. S. Jackson, with the following results. The lividity and rigidity had decreased since the morning. A little bloody froth was noticed at the mouth. On removing the body from the bed, a two-ounce phial was found under the body, containing chloroform, from which, (as was subsequently ascertained) three drachms of the fluid had been taken.—This circumstance, in connection with the other appearances,



showed the cause of death to have been the influence of chloroform. It remained therefore, to investigate what were the effects upon the various parts of the body.

The muscles appeared to be in a healthy condition. The left lung was livid and much congested throughout, but most so on the dependent part. The lower lobe and the posterior portion of the upper, upon the right side, presented the same dark purple color as the left, but the middle lobe and anterior portion of the upper were of a bright scarlet color externally, and throughout their substance. This last portion was not congested. The bronchia contained some frothy fluid. At the rima glottidis there was a thickening on each side, with an excoriated surface for about three or four lines. Something of the same kind was noticed in the fauces near to the glottis.—The thymus gland was large, its cavity containing a puriform fluid as usual in children. The heart appeared to be unusually empty and was flaccid—the ventricles having lost their convexity, and having fallen into a somewhat concave form. The heart contained a little blood. The blood was everywhere perfectly liquid, with the exception of one very small coagulum in the right side.

The stomach, which contained about ten or twelve ounces, mostly of fluid, with some solid contents, in a state of partial digestion, appeared healthy, except two small patches of congested vessels near the lesser curvature. There was no odor nor appearance to indicate the presence of any drug in the stomach. The small intestines at the upper part, were healthy, having their lacteals crowded with chyle. At the lower part the small intestines were in a state of decomposition, being brown or green in parts, and most offensively fœtid. Nothing attracted attention in the large intestines, which were somewhat offensive, except a deviation in anatomical structure, of occasional occurrence, in that the caput coli was less bound by several inches to the right ileum than is usually the case. The spleen was larger than common, perhaps slightly congested, and a little darker than usual. When incised, it appeared somewhat granular. The liver was healthy, and the gall-bladder nearly empty. The kidneys were healthy—that of the left side, being the lower one, was a shade darker than the right. Bladder healthy.

The brain and its membranes were perfectly normal. There was no congestion of vessels, no change of color or consistence of the substance of the organ.

Some appearances of other organs, which could not arise from the influence of chloroform, are purposely omitted.

It was afterwards ascertained that this person was in the habit of inhaling ether or chloroform for the purpose of producing intoxication; that she had done so on the evening of the 6th, and that she procured that which was found in her bed, on the same evening. She had eaten supper about 6 o'clock, and retired about 9 o'clock. At half past 9 she was noticed to be in the same position as found in the morning, and did not answer a question put to her by another female occupying the same room, and was supposed to be asleep.

From this narrative it appears to be conclusive that she died from the use of chloroform, the particular effects of which were seen in the congestion of the lungs, and the peculiar oxygenation in a part of them—in the emptiness of the heart, and in the fluidity of the blood. And it is a point of interest that the brain was so free from congestion or other abnormal appearances, especially when considering the stricture made about the throat by the string of her cap. The quantity used was less than is used by surgeons and physicians in daily practice. Hence it would appear that the inhalation of chloroform is more dangerous than it is supposed to be by many. Ought not the vending of this and like agents to be prohibited, as in the case of poisonous drugs, except to the order of a responsible person? And should not its use be discountenanced except under the supervision of a physician? It would seem also, that she did not take the chloroform with a suicidal intention, but in order to drown her consciousness; but like some other inebriates, she ventured too near the grave to prevent becoming herself its victim.—*Boston Med. and Surg. Jour.*

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ART. V.—*Cases of Malignant Pneumonia, with remarks. Read before the Kosciusko County Medical Society.* By EDWARD R. PARKS, M. D.

Malignant Pneumonia is a disease of no small interest to the physician, especially the physician of the west. The suddenness of its invasion, the deceptive character of its symptoms, and the rapid course and very frequently fatal termination of the disease, must at once impress the mind of every physician with the importance of being well acquainted with its symptoms, its astonishingly rapid course, and the plan of treatment most likely to prevent its generally fatal termination.

Although this disease has occasionally prevailed in various portions of the United States since 1806, and sometimes in the form of a wide spread and desolating epidemic, yet it is a la-

mentable fact that even now we know of no good account of the disease in any standard work in the hands of the profession.

The best account that we have seen is to be found in Watson's Practice of Physic, in a note by the American Editor, (T. Francis Condie,) page 611.

Some of the common names for this disease have been "head pleurisy" and "the cold plague." By physicians it has been called, but in our opinion with doubtful propriety, "typhoid pneumonia." We have heretofore described a variety of pneumonic diseases that we denominated "typhoid pneumonia," but in this form of disease the symptoms differ so widely from an ordinary typhoid case, that we have taken the liberty to call it malignant pneumonia. In fact the title pneumonia is itself somewhat objectionable, from the fact that in some instances there are no symptoms that would lead us to suspect thoracic disease. Notwithstanding this is the case in some instances where the disease runs a rapid course and terminates fatally in a few hours, yet we believe there are no cases in which the disease lasts for several days, that do not develop symptoms of lung disease. The first appearance of the disease in this country, that came under notice, was in the latter part of the spring of 1845. From the great diversity of symptoms presented in different cases of this malady, arises the extreme difficulty that exists in describing its symptoms in an intelligible manner. Perhaps we can give the clearest idea of the disease by referring to the following.

CASE I.—W. E., aged 15, a lad of tolerably good constitution, was attacked about the first of April, 1845. We saw him first at ten o'clock, P. M. He then complained of a dull heavy pain in the head, with some lassitude, &c. There was little arterial disturbance; no fever. He was bled to, perhaps, ten ounces, and ordered to take a portion of compound cathartic pills. The next morning we received a summons very early to visit him. When we arrived, the father gave us the following account: The pills were taken in a few moments after we left, but were ejected. Shortly afterwards he thought the patient fell asleep, as he heard nothing of him till morning, when he was found in a state of insensibility. We found the patient in a state of insensibility, with the eyes very prominent and staring. There was nothing very remarkable in the appearance of the pupils. The extremities and head were in incessant convulsive motion; pulse a little fuller and more frequent than usual; extremities cold, and the whole surface of the body decidedly moist, though the head and breast were somewhat hot. The features were frightfully distorted; the



respiration was hurried and loud, and there was occasional vomiting. It was impossible to get the patient to swallow anything whatever. We abstracted a pint of blood, administered enemata of oleum terebinth., and applied sinapisms to the ankles and wrists along the whole length of the spine, and over the epigastrium. The condition of the patient grew worse, and he died about three or four o'clock of the same afternoon.

CASE II.—Mrs. L., the mother of the young man whose case we have just related, aged 33, of spare habit and delicate constitution, complained, perhaps an hour before the death of her son, of some pain in the head, lassitude, etc., and requested us to prescribe for her, though she thought her symptoms probably depended upon fatigue and anxiety about her son. We prescribed an emetic of ipecac., which operated mildly. An hour afterwards, she expressed herself as feeling quite comfortable. In less than an hour after this we were summoned to visit her in haste. We set off immediately on our way, which was not over half a mile. On our arrival we found the patient delirious, and in a state of the most perfect restlessness; eyes prominent and imploring, and the whole surface of the body bathed in a copious and very offensive perspiration, with an inability to swallow anything. She was bled, at two bleedings within an hour, about a quart, and sinapisms were extensively applied. Her condition grew decidedly worse, with aggravation of all her symptoms; her extremities soon became icy cold, and she died about twelve o'clock that night. Drs. R. M. Kendall, Wm. Parks, and my brother, J. F. Parks, saw this patient. The two foregoing were the first cases of this description that we had ever witnessed.

CASE III.—J. R., aged 40, a respectable farmer, of good habits and constitution, was attacked about the tenth of April, 1845. He had eaten his supper and gone to bed as well as usual, but awoke about midnight, complaining of feeling cold and chilly, and requested one of the family to put more clothes over him. He complained of lassitude and pain in every part of his body. In an hour afterwards, we found him quite delirious and writhing with pain; talking incoherently and incessantly; bathed in a copious and very offensive perspiration; with constant jactitation; pulse tolerably full, vibrating and inelastic; tongue covered with a whitish tenacious phlegm; dysuria amounting in fact to complete retention, or rather suppression, and considerable dyspnœa. Our prescription was—℞. disulphate of quinine, ten grains; sulphate of morphine, half a grain, every half hour, and sinapisms to the extremities, to the spine, and over the epigastrium. Under this treatment

the condition of the patient rapidly improved. The delirium, jactitation, and sweating subsided, and, when we saw the patient twelve hours after the attack, all the most alarming symptoms had disappeared. He now had some cough, and complained of pain in the right side of the chest, for which we ordered a blister to be laid on the affected part, and gave 20 grains of the submur. hyd. to be followed with a full dose of oleum ricini in two hours. The other medicines were continued, but given less frequently; the powders of quinine and morphine every two hours, the brandy every hour, with orders to discontinue the brandy in case the skin became hot and dry. The next morning the condition of the patient was much improved; the cathartic had operated well; the cough and pain in the side had subsided; the patient had rested pretty well through the night; and the strangury, which had been treated with demulcent drinks, and warm fomentations over the hypogastric region, was completely relieved. The powders were continued, though in smaller quantities; convalescence soon ensued, and the patient had a rapid and perfect recovery.

CASE IV.—Mrs. T. H., aged 25, a married woman of good constitution, was attacked on the 19th of April, 1845, about sunset, with chilly sensations, aching of the limbs, and pain in the head. We found her, about an hour after the attack with the extremities very cold; the pulse very small and irregular; face flushed and hot; features distorted; delirious, and giving no attention to anything said to her; with her head constantly in motion. We prescribed, R—disulphate of quinine, ten grains; sulphate of morphine, half a grain every two hours, with a tablespoonful of brandy every half hour, sinapisms to be applied as in the foregoing cases, with a dry warmth to the extremities. Twelve hours afterwards we found the patient rational, the feet and hands warm, and the restlessness relieved, with pulse fuller though irregular and intermittent, and complained of pain in the head. Continued brandy and powders as before, with the addition of five grains of the submur. hyd. to each powder. This was in the morning, the patient was ordered to take oleum ricini one ounce, oleum terbinth. half an ounce, that evening. We saw the patient early next morning, the bowels had been evacuated freely; she had a slight fever, was somewhat restless, complained of some pain in the head and chest, had a cough, and complained of some tenderness of the gums. Disulphate of quinine, three grains; sulph. morphine, pulv. ipecac. aa, half a grain to be taken every three hours. A blister was laid on the chest over the site of the pain. Brandy discontinued. Un-

der this treatment she gradually recovered, though she was considerably ptyalized, which somewhat protracted the convalescence.

CASE V.—J. C. P., aged 23, a gentleman of good habits, was attacked on the morning of the seventh of March, 1848. He awoke from sleep with chilly sensations, aching of the limbs, &c. We found him about an hour afterwards, with cold extremities, the pulse small and irregular, respiration short and difficult, with a peculiar diffuse livid flush on the face. He complained of severe pain in the head, and throughout the entire chest, he could but very partially inflate the chest, and this was attended with severe pain. He had a constant desire to cough, but the effort was almost entirely suppressed. Disulphate of quinine, five grains; sulph. morphine, one grain, this to be taken every two hours. Sinapisms were applied to the ankles and wrists, and also dry warmth. Saw the patient at eight o'clock P. M. Found him tolerably comfortable. The extremities were warm, head entirely relieved, some pain yet remained in the chest, the powders were continued one every three hours. Saw the patient next day at noon—he felt quite smart. As the bowels had not been evacuated for some forty-eight hours, we ordered him to take sulph. magnesia and senna, and three powders of quinine five grains each, the next forenoon. His recovery proceeded rapidly from this time, without a solitary unpleasant symptom.

*Causes.*—The predisposing cause to this disease is undoubtedly malaria, whilst the exciting cause depends upon sudden vicissitudes connected with some peculiar condition of the atmosphere. We cannot, however, dwell upon these points.

*Pathology.*—Various opinions have been entertained by the profession, with reference to the proximate cause of this disease. By some it has been supposed to consist in inflammation either of the brain or lungs, or both of these organs; while others insisted upon its depending upon congestion. It appears evident to us that the primary disease is located in the nervous system, and that congestion and inflammation are secondary results. That inflammation does take place in some instances, cannot be doubted, but that it never does in the early stage, is equally clear. That there could have been no inflammation at any time in the fifth case reported in this paper, we think is sufficiently clear from the rapid recovery that ensued, although the early symptoms were of the severest character.

*Diagnosis.*—There is but one disease that malignant pneumonia is liable to be confounded with, and that is inflammation of the brain. The sudden invasion of the attack, the



great prostration, extreme jactitation, the condition of the extremities, the almost total want of reaction, and the feeble, irregular, and flickering pulse, are amongst the most important symptoms indicative of this disease.

The nature and type of prevailing diseases will also afford much important information.

Indeed this is, perhaps, the most important consideration in forming a correct diagnosis in the malady. Should pneumonic affections of a typhoid type be extensively prevailing, and any doubt about the character of the disease remains, this circumstance may fairly settle the question.—*N. W. Med. and Surg. Jour.*

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ART. VI.—*Anæsthesia.* From Dr. GRISCOM'S Report on Obstetrics, to the Phila. Coll. of Physicians.

We now reach the subject which for the period our report refers to, has of all others claimed the most interest; we allude to the exhibition of ether and chloroform by inhalation, for the purpose of producing anæsthesia during parturition. On the 19th of the first month, (January,) 1847, Professor Simpson, of Edinburg, administered ether to a woman in labor, for the purpose of rendering her insensible to pain; it being a case of deformed pelvis, in which the Doctor intended to extract the child by turning; he regarded it of little importance whether etherization checked the uterine contractions or not; the result showed that while consciousness to pain was destroyed, the muscular contractions of the uterus continued. This case was reported to the Obstetric Society of that place the next day. In the succeeding three weeks, Dr. Simpson exhibited ether in "several cases of natural labor, and in one forceps case," and drew from them the following conclusions, which he laid before the same Society:

1. That the inhalation of ether procured for the patient a more or less perfect immunity from the conscious pain and suffering attendant upon labor.

2. That it did not, however, diminish the strength or regularity of the contractions of the uterus.

3. That, on the other hand, it apparently (more especially when combined with ergot) sometimes increased them in severity and number.

4. That the contraction of the uterus after delivery seemed perfect and healthy when it was administered.

5. That the reflex assistant contractions of the abdominal muscles, &c., were apparently more easily called into action

by artificial irritation and pressure on the vagina, &c., when the patient was in an etherized state.

6. That its employment might not only save the mother from more pain in the last stages of labor, but might probably save her also, in some degree, from the occurrence and consequences of the nervous shock attendant upon delivery, and thereby reduce the danger and fatality of childbed; and

7. Its exhibition did not seem to be injurious to the child.

A few weeks subsequently he reported further, that the fœtal heart was but little, if at all, influenced by full and prolonged etherization, either during pregnancy or labor; and that the mother during labor might be kept etherized, if required, for one, two, three, or more hours; he having given it in one case about six, and in another, four hours before delivery.—Under very deep etherization, the uterine contractions were somewhat modified, but recurred immediately in full force as the effect passed off. Dr. Simpson had hitherto seen no traceable injury to mother or child. Immediately after the publication of these results by Prof. Simpson, the subject was investigated by various observers throughout Great Britain and on the continent; amongst the most distinguished of these were Dr. Murphy, Professor of Midwifery in the University College, London, Dr. Prothero Smith, Baron Dubois, of Paris, Professor Villeneuve of Marseilles, Stoltz, of Strasburg, Martin, of Jena, Siebold, of Gottingen; and Grenser, of Leipsic.

In a paper read before the Haverian Society, London, February 5th, 1848, Professor Murphy gives the details of seven cases in which he exhibits chloroform, and draws from them the following conclusions:

1. It does not interfere with the action of the uterus, unless it be given in very large doses, which is never necessary.

2. It causes a greater relaxation in the passages and perineum; the mucous secretion from the vagina is also increased.

3. It subdues the nervous irritation caused by severe pain, and restores nervous energy.

4. It secures the patient perfect repose for some hours after her delivery. These three last effects consequently render an operation much easier to perform, and the recovery of the patient afterwards much more probable.

5. The order of its effects on the vital functions seems to be—loss of sensation, partial loss of voluntary motion, loss of consciousness, complete loss of voluntary motion, stertorous respiration, loss of involuntary motion, cessation of the action of the uterus, of respiration, of the action of the heart.

6. Its injurious effects, when an ordinary dose is given, seem to depend on constitutional peculiarities, or on improper

management. Much excitement about the patient may render her violent ; catalepsy has occurred in some, chronic contractions in others. Some patients are slow in recovering from the effects of a large dose ; they remain giddy during the day, and sometimes faint when they stand upright.

Professor Dubois's conclusions as officially reported are, that

1. The inhalation of ether can annul the pain of obstetrical operations.

2. It can suspend the physiological pains of labor.

3. It destroys neither the uterine contraction nor the contraction of the abdominal muscles.

4. It diminishes the natural resistance of the perineum.

5. It does not appear to act unfavorably on the health or life of the infant.

In America, Dr. Channing, of Boston, has bestowed much labor and care on the investigation of this subject. An octavo volume of four hundred pages, published the latter part of the past year, is the result of his assiduity. This work presents the subject to the profession in a manner calculated to claim attention. The cases referred to by Dr. Channing, in which ether or chloroform were used, amount to five hundred and seventy-four. They occurred in his own practice, and in that of upwards of forty other respectable practitioners, many of them of high standing.

Dr. C. says, "in five hundred and sixteen cases of labor, embracing among them all the circumstances belonging to this process, except instrumental or manual aid; in all these cases of labor, accomplished during etherization, we have not a case in which the mother did not do well; cases of still birth are referred to, but these, as we have seen, had no connection with etherization." "My confidence in the remedy of pain in this class of labor, (natural) increases daily. The confidence the public have in its invaluable agency also increases; and, reasoning from direct observation of its effects, is there any place for doubt of its ultimate and universal employment."—Dr. C. further says, "very little is offered in this volume of the comparative statistics of midwifery practice, with and without etherization, and it seemed hardly necessary to do this; for I have not reported a case, (and I have reported all which I have been able to obtain,) of untoward result to either mother or child, which by any just reasoning can be ascribed to etherization."

Other observers in various parts of our country, have confirmed these views and results.

Amongst the numerous correspondents, whose authority is quoted by Dr. Channing, we find that of Professor John Ware,



of Boston, who has given ether in two cases of obstetrics, and is favorable to the inhalation of both ether and chloroform: of Professor Bigelow, of Boston, who had exhibited ether in eight cases and chloroform in two; and is favorable to both: of Dr. Pierson, of Salem, Mass., who has given ether in three cases; opinion favorable: of Dr. Putnam, of Boston, who reports seventeen cases of ether, seven of chloroform; opinion favorable: of Dr. Storer, who reports thirty-eight cases of ether, two of chloroform; opinion favorable: of Dr. Bartlett, of New Bedford; has used ether in two cases; is favorable to its use in certain cases, but not in all: of Dr. Jarvis, of Dorchester; has used ether in five cases; opinion favorable: of Professor Roby, of Baltimore; has used chloroform in one case; opinion favorable: of Dr. A. K. Goodwin, of New York; has used chloroform in three cases; opinion favorable; and of Dr. Bartlett, of Concord, Mass. who has used ether in eight cases; but gives no decision.

Dr. Burwell, of Buffalo, gives, in *the Buffalo Med. Jour.*, a statement of fifteen cases of midwifery in which chloroform was administered; he divides them into two classes: 1st, those in which anæsthesia was complete or nearly so. 2d, those in which complete consciousness was retained of surrounding circumstances, or only momentarily lost. Eight cases came under the first division. The second class of cases demonstrate, in Dr. Burwell's opinion, the possibility of so exhibiting chloroform that consciousness is retained for surrounding circumstances, and yet the suffering so diminished as to be of little importance; this effect has been noticed by Dr. Channing and others, and was fully exemplified in one of the cases in which ether was exhibited by your reporter.

Professor Lindsly, of Washington, D. C., says, "that sufficient evidence has now been advanced in favor of etherization in midwifery practice; it having been employed in probably two thousand cases, without a single fatal result; to render it the duty of the profession to give it further trial; to experiment with it cautiously and judiciously, in order to see if we cannot finally arrive at general laws and principles which will enable us to administer it without danger or apprehension." Dr. Clark, of this county, has published in the *Medical Examiner*, several cases in which ether was exhibited with favorable results, and which have already been reported to this College.

Besides these, we are not aware that any cases have been published by residents of this city and its vicinity. But we understand from our friends, that several of them have given the practice a partial trial, without any untoward effects having resulted. Your reporter has used it in but two cases, one a forceps case, and the other of natural labor. In both, strong

expressions of satisfaction and gratitude were used by the patients at the time and afterwards, and their recovery was rapid and uninterrupted; in the forceps case the increased secretion of vaginal mucous after the induction of anæsthesia was very striking.

Nearly two years have now elapsed since the practice was introduced by Professor Simpson; it has been tested by careful and competent observers in Europe and America; and most, if not all, who have published the results of their observations on this subject, agree that the suffering of labor can be greatly ameliorated or entirely abolished by the inhalation of either sulphuric ether or chloroform; that the expulsive efforts of the uterus are not interfered with to any considerable extent: that the general condition of the system for safe and rapid delivery is improved; that the exhaustion which usually follows labor is diminished; and that no serious disadvantage has hitherto resulted to mother or child. On the other hand, it has been clearly shown by the experiments of Wakley and others, that both ether and chloroform, if improperly or excessively exhibited, are highly dangerous, and hence it becomes a question whether the immunity from danger which has hitherto attended the exhibition of these agents in midwifery is the result of an adherence to certain fixed principles, or is accidental? This, it appears to your reporter, is the only question of importance in regard to it, which remains to be settled, and he has no hesitation in asserting, that if extended experience settles it in favor of the safety of the use of either agent, an inestimable boon will have accrued to mankind; not that it would be proper, even then, to resort to it in all cases, but if the practitioner can *feel himself at liberty to resort* to it without apprehension of danger should the pangs of childbirth become intolerable, a vast amount of mental disquietude, as well as physical agony will be saved to those females who place themselves under his care.

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ART. VII—*A new Treatment of Catarrh.* By JOHN A. LOCKWOOD, M. D., Surgeon U. S. Navy.

For nearly a year I have pursued a plan of treatment in catarrh, which, in numerous instances, unfailingly relieved its initial symptoms almost immediately. It is adapted to its earliest stages, when the mucous lining of the nasal cavities is dry, tumid and red, accompanied with a feeling of heat, fullness, and itching of the part.

The remedy consists in the application of a solution of nitrate of silver to the Schneiderian membrane. It is best applied with a camel's hair pencil. The strength of the solution should not be less than eight grains of the salt to one ounce of the distilled water. I ordinarily employ a solution somewhat stronger—ten grains to the ounce.

The application is not painful, nor even disagreeable. Its immediate effect is to excite a copious serous effusion, which continues for some minutes. After this the nostrils are freed from the previous impediment to the passage of the breath through them, when the sensation of relief becomes at once manifest. With the subsidence of the local swelling, the general heaviness and *malaise* disappear. For some minutes, the inhalation of cold air communicates to the mucous lining of the nose a feeling of rawness. This, however, is of short duration, after which, unless the inflammation has extended beyond the Schneiderian membrane, the cure is complete.

To accomplish a radical cure, the solution should be applied at the very commencement of the attack. When the inflammation has extended to the pharynx, &c., it is no longer practicable to subject all the parts affected, to a treatment which is mainly local. I have, however, applied the remedy in many cases where the disease had made several days' progress. Then, although no expectations were entertained of removing any symptoms of bronchial irritation which might have supervened, the relief to the head was always satisfactory, by the liberty it afforded to the passage of air through the nostrils.

M. Deschamps, in the *Gazette des Hopitaux* for October 1847, recommends snuffing up the nostrils every two hours, a solution of opium in water, as an effectual cure for coryza. This method I have not tried. Before reading an account of it, I had for several months employed the solution of nitrate of silver with such happy results, that I was indisposed to seek for any better plan. The insufflation of ardent spirits will often check an incipient catarrh, but the remedy is unpleasant and painful.—*Am. Jour. Med. Sciences.*

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ART. VIII.—*Cerebro-spinal Meningitis.* By A. STONE, M. D.,  
Auburn, Mass., March 30, 1849.

This disease has prevailed to a frightful extent, for the last four weeks, in the towns of Sutton and Millbury, in this State. The first case was that of a boy 10 years of age, in Sutton.—He was suddenly attacked with entire prostration of reason,



delirium, intense pain, spasms, great coldness of extremities and whole body, with collapse of the vital energies. After a rather imperfect re-action had taken place, petechia, or a mottled state of the skin and surface, made its appearance, which led to the conclusion that the character of the disease was a more aggravated form of typhus, or the spotted fever that ravaged portions of New England in 1810 and subsequent years. But other cases occurring in rapid succession, and with such fatality, led to the suspicion of a more alarming and deadly disease than even that fatal malady.

The prevailing features in this epidemic are strikingly coincident with that which has prevailed so extensively and fatally in France and Ireland, and other portions of Europe. The majority of cases have been among boys, but according to the number, more male and female adults have been its victims than in Europe. One case, a boy, 5 years old, terminated fatally in the short space of ten hours from the time of the first discovered symptoms; one case in thirteen hours; and others in twenty-four hours. This, added to the circumstance that males and females of upwards of 60 years old have been its victims, would make it appear to be of a more mortal character than either of the epidemics of Europe—as the shortest period there of termination, out of hundreds, was fifteen hours.

With one or two exceptions, every patient has been suddenly prostrated with loss of reason, rigors, extreme coldness of the extremities, and lividness, loss of vital warmth, pulse small and thready, severe pain, convulsions and spasms, especially of the neck, attended with rigidity. The state of delirium and restlessness has been so extreme in most cases, as to require from four to six attendants to restrain the patient. In those patients that continue for three or four days or more, re-action, more or less perfectly, takes place; the pulse is irregular, small, tremulous and intermitting; the pupils dilate or contract, according to exposure to light; the delirium gives place to coma; “the powers of speech and deglutition fail;” the teeth become covered with a foul sordes; the breath offensive; typhoid symptoms, more or less severe, take place, and death closes the scene.

Fourteen deaths occurred in rapid succession, before any *post-mortem* examination could be obtained. This was a case of a male adult, which terminated on the thirteenth day—of longer duration than any previous case. The symptoms at times were so far mitigated as to afford hopes that convalescence would permanently take place; but the flattering and lucid spells proved short and transitory. The same state has been manifested in others. In this case, the vessels of the ar-

achnoid were engorged with dark blood, and the entire membrane covered with a thick purulent matter. Sero-purulent matter was found in the ventricles and at the base of the brain. The medulla oblongata and spinal cord partook of the same lesion and showed the same traces of diseased action. No lesion was found either in the lungs, thorax or abdominal viscera. The stomach and bowels appeared healthy, discovering neither inflammation nor ulceration. The results in this case showed most unequivocally the disease to be that denominated, in Europe, cerebro-spinal meningitis. As all the other cases, although not examined autopsically, strictly resembled this and each other, in all their leading features and symptoms, it may with propriety be considered to have received its proper appellation.

The case of the boy 5 years of age, Mr. Hall's, which terminated in the short space of ten hours, although the most suddenly fatal, was not taken so violently as either of the others; delirium did not come on until within three or four hours of death. He was sent to town in the morning and was measured for a garment. During this time the lady noticed he appeared very cold and shivering. A degree of debility was so manifest, that assistance was necessary to extend his arm to finish the measurement. The child, during all this time, made no complaint. Yet the rigors and coldness appeared so great that the lady was more than half inclined to suspect it might be feigned. He went home himself, when every symptom became more and more aggravated, and death took place at 6 o'clock on the same evening. All remedies and means used, were utterly unavailing: re-action could not be produced, and never took place; the first collapse proved a fatal one. In this case the disease run its course in so short a time, that much lesion might not be expected; and though every part was examined scrutinizingly by twelve physicians, it was hard to account for the cause of death, so little diseased action was manifested. As in the other case, great vascularity of the arachnoid was prominent; the substance of the spinal cord, instead of being indurated as in the other case, was softened almost to a pulp. No purulent matter was found either in the ventricles or the base of the brain, or spinal canal. The viscera throughout, with the stomach and bowels, were in a perfectly healthy state.

The question naturally arises in this case, where did death commence, what its character and cause? That it is an epidemic having its cause in the atmosphere, there can be no room to doubt. But why such a deadly epidemic should here arise and hover around this small extent of country, without

seeming to spread, there is no means of knowing. There is apparently nothing in the geographical and physical situation of the country, to generate any such cause, any more than in the neighboring towns. *But what can be its cause?* That it is a miasmatic or aerial poison, of a most subtile and deadly nature, every case combines to prove. From the very consideration that every case has been suddenly attacked without any premonitory symptoms, in apparent good health, the striking similarity and uniformity of every symptom, and the onset of the malady, all go to prove this in a most conclusive manner. The characteristic features in every case are such as to show the effect of some sedative and deadly agent upon the cerebro-nervous system. The sudden and extreme collapse, great agony, and indescribable restlessness, that are so uniformly manifested in the congestive fevers of the *miasmatic* districts of the western and southern States, show the cause of the two diseases to be one and the same. But the question will be asked, why is its force of action and lesion confined to the meninges in this disease, any more than in the general congestive fevers, of the malarious districts? This problem we are unable to fathom. We have witnessed death as suddenly in congestive fever of the WEST, as in the case above mentioned, when no lesions or disorganizations could be found; only an engorgement of the bloodvessels of the vital organs, and functional derangement. A poison so sedative in its nature as to paralyze all nervous energy and sensibility to external feeling, is sufficient to suspend the muscles and powers of respiration, arrest the flow of blood to the heart and brain, and produce death by *apnœa*. In this way we account for the death of the boy whose case is detailed above. That death may be occasioned by the mechanical disarrangement and impediment of the vital machinery, by the sedative action of malaria or other deadly poison, paralyzing the vital energies of the nervous system, is well known to every physician who has practiced ten years, either in the southern or western States, however much the idea may be *sneered at here*.

Every case thus far has proved fatal, amounting to nineteen or twenty; and no plan of treatment has yet been attended with any success, either in arresting its progress or modifying its paroxysms. We should repose some confidence in liberal doses of the sulphate of quinine, administered immediately on the development of the disease, aided, of course, with strong counter-irritants or the actual cautery itself. All suggestions however, of this nature, may seem gratuitous at present, as in all probability some further notice will be taken of this epidemic.—*Boston Med. and Surg. Jour.*



ART. IX.—*Case of Hydrophobia—Cure.*

The following is the detailed account of the Case of Mrs. Burrows, of Camden, N. J., by Prof. Jackson, of Phila., a short account of which, we published in our Jan. No. We extract it from the last No. of the Transactions of the College of Physicians of Philadelphia.

The third case is that of Mrs. Burrows, which has excited some curiosity and interest from the recovery of the patient. This very uncommon result is well calculated to cast a doubt on the true nature of the disease, and suggest suspicions whether it was a true case of rabies canina. On this account, I shall lay before the College a somewhat minute and detailed statement of all the circumstances of the case, and leave it with them to decide the question.

Mrs. Burrows is about 30 years of age, rather of full embonpoint, a brunette, with black hair and dark eyes. She has a physically nervous temperament, but possesses a determined character, great resolution, and a flow of spirits that rarely fails. When a girl she was subject to nervous attacks and spasms. The last severe one, her father and herself informed me, occurred ten years since. She has been married seven years, and has had four children; one she lost last summer; the youngest was nine weeks old at the period of her attack.

Since her marriage she has had but one nervous spasm, which took place four years since. It was brought on by the painful attempts to remove a pin she had accidentally swallowed, and which was sticking in the fauces near the top of the larynx. This was the last nervous spasm she had suffered prior to the invasion of the disease. Doctor Horner saw her at the time, with her brother, Doctor Cooper, at present a surgeon in the U. S. Army.

In the month of July last, then residing in Cooper Street, Camden, she was at the gate door with her child, a little girl aged—years. She saw two dogs running up the street; she stepped into the yard alongside the house, leaving the child at the door. She soon after was alarmed by the cries of the child, and the noise of a dog, and running to the door, found one of the dogs had attacked her child. She flew to its rescue, and in saving it received a bite on the inside of the wrist of the right hand. Two punctured wounds were made by the fangs of the dog, about an inch apart. They were slight, and she did not mention the circumstance to her husband, or pay any attention to them; they healed in a day or two. The dog disappeared, and nothing more has been heard of him.

No inconvenience was experienced from the bites until the commencement of October, when the slight cicatrices made became red, slightly tumefied, and painful. In some days after, one festered, which she opened; it discharged a few drops of greenish matter, healed, and gave no further trouble. The other remained hard and painful, and pains extended from it up the arm, to the shoulder. In a few days the whole arm became painful and swollen, a small tumor formed on the inner side of the arm about two inches below the axilla. It did not gather.

During this period, as she occasionally complained of her arm, her friends would inquire of her what ailed it; to which she frequently replied jokingly, that she had heard of a milk-leg, and she supposed her's must be a milk-arm. This is mentioned to show that her mind was not occupied with the idea of the bites.

On Friday, 27th October, Mrs. Burrows, after coming down stairs in the morning, drank a glass of cold water, as is her custom. She was surprised by a sudden shuddering sensation, but as it passed off, she thought no more of it. In the course of the day she crossed over to the city to visit her parents.—When on the river, particularly on her return, she felt a singular dread and uneasiness at the sight of the water she could not understand. It left her when she landed. In the evening, feeling unwell, she resolved to bathe her feet before going to bed. When the water was brought, she attempted to try with her hand its temperature. She was instantly siezed with a violent shuddering, and sense of dread. Her husband, who was present, laughed at her, and asked whether she had not been bitten by a mad dog. She was fearful of giving him uneasiness, and did not mention the bite she had recieved in July.—Soon after, in attempting to take a drink of water, she was seized with violent spasms of the throat, and a sense of suffocation, to an alarming degree. Dr. Fisler, of Camden, who was her physician, was sent for, and remained with her the greater part of the night, as the spasms continued to recur at intervals. She was treated with acetat. morph. gr.  $\frac{1}{4}$ , every two hours. Dr. Cooper, of Camden, also saw her. I received a message requesting my attendance, and visited her at 2 P. M. While in the parlor down stairs, I heard a peculiar sound that bore some resemblance to a dog's bark. It was remarked that the patient was then in a spasm, as in them she made that noise. When I reached the chamber, the spasm had ceased. Mrs. B. was in bed, in full possession of her senses, conversed with me, without hesitation or difficulty, in a pleasant manner. She had no fever; pulse 68 to 70; skin cool; she

complained of fullness of the head, which she attributed to the pills of acetat. morph. The adnata were slightly injected; she complained of pain in the neck, and in the throat; fauces appeared dry, and voice hoarse. Right arm swollen, and exceedingly sensitive; epigastrium sensitive to pressure, but it did not cause spasms, or disturb her breathing. Fanning, or waving the hand did not produce spasms, or unpleasant effects. Water poured from a vessel, though unseen, and no previous intimation given of the intention, Dr. Fisler informed me, had caused paroxysms in the course of the morning.—I requested her to drink some water, with which she complied immediately. She took a mouthful, but in trying to swallow, a frightful spasm was induced, limited; as it appeared to me, to the larynx and fauces; she appeared suffocating. The diaphragm and abdominal muscles did not participate in it, as I kept my hand on the abdomen to ascertain the fact. She appeared to me for a short time to be unconscious, the eyes rolled upwards, but she declared she retained her senses perfectly. It was a violent struggle for breath, but not general convulsion or spasms. There was no salivation or mucous collected in the mouth.

At this visit I expressed to my colleagues, Drs. Fisler and Cooper, that although the symptoms were somewhat suspicious, yet, taking every thing into consideration, I was disposed to look on the affection as a simple nervous one, and probably hysterical.

The following course was agreed on. Sinapisms to the epigastrium; cups on back of neck; sinapisms down the spine; enemata of assafœtida, ʒiij suspended in water, and chloroform, ʒjss in an emulsion, every hour if required.

*Sunday morning, October 29th.*—Patient apparently better, very cheerful, calm, collected in manner, and gay in conversation. Spasms had continued yesterday until evening, when they had ceased, and had not again returned; passed a quiet night, but did not sleep sound. She had drank water freely several times. Some difficulty had been experienced in swallowing it, but no spasms were excited. Head more comfortable since the pills were omitted. Throat feels sore, but less painful than yesterday. Skin, pulse, and tongue natural.—Sensibility entirely lost in the skin of the right arm, below the deltoid muscle; does not feel pinching, or touching. She asked me to stick it with my knife, to ascertain whether she could feel that. There is notwithstanding, deep-seated pain in the course of the nerves. There are also slight spasmodic twitchings of the muscles of the arm. The whole abdomen feels sore and uncomfortable; pressing the epigastrium gave most



uncomfortable sensations, and disturbed the respiration, rendering it irregular, but did not cause spasms. In the night ejected some blood by vomiting, which did not coagulate.—Bowels have not been opened.

At this visit my first impressions were rather confirmed than weakened. It was determined to continue the same plan of treatment, and to add the following, with a view of acting on the bowels:—Mass. hydrarg., ʒj; syr. rhei, ʒj. A teaspoonful every hour. Enema of emulsion of assafœtida, if spasms continue.

The first dose was given at 12 M. The attempt to swallow it brought on violent spasms of larynx and chest, threatening suffocation.

From this time, the spasms occurred, with short intermissions, spontaneously, notwithstanding the assafœtida injections, the sinapisms to abdomen, and other means resorted to by Drs. Fisler and Cooper.

I saw her at 5 P. M. There was an intermission when I entered the room. She expressed herself as suffering great bodily distress. The right arm was in constant agitation from slight spasms; the right shoulder painful; no sensibility in the forearm. The cicatrix was tumid, red, and sensitive to pressure, though the hand and arm were insensible. She complained of acute pain in both hams. Pressing on the groins, on the calves of the legs, in the armpits, as well as under the knees, excited acute pain. Has sense of distress in throat, chest, heart and abdomen. Notwithstanding this state of suffering, talks cheerfully, even answered in the same spirit to some jocose observations, and expressed her full confidence in her attendant's skill. Without her observing it, I placed my hand near the back of the head, some inches from it, and gently waved it. She was on the instant seized with shuddering, followed by strangling spasms of the larynx, fauces, and of the chest, arresting respiration, followed immediately by spasms of the trunk, in which she was tossed about the bed gnashing her teeth, and plunging her head into the pillows, and bed-clothes, biting and tearing them.

Chloroform was sent for. It was obtained from an apothecary in the neighborhood. When procured, as no sponge was at hand, I soaked a rag with it, and seizing her by the back of the neck, attempted to hold it near her mouth. The inhalation was imperfect, as the spasms kept the patient in constant motion, and as she was making plunging efforts to seize the rag with her teeth, some caution was required to avoid being bitten.

A sponge was then procured, and the inhalation was more effectually performed; as the effect took place, and the spasms were mitigated, the patient assisted herself to hold the sponge to her mouth. In a few minutes the full effect was produced, and she fell perfectly insensible, every muscle in perfect relaxation, and the respiration easy and natural. An enema was now administered, consisting of Pulv. ipecac. composit. ʒij; chloroform ʒij, in starch water.

The medical attendants retired to another room, where the excision of the cicatrix was talked over and determined on.

After returning to the room, while sitting by the bed-side, she suddenly addressed me, saying, "Dr. Jackson, what is my disease?"—"Nervous spasms," I answered.—"I know that, but what causes these spasms?"—"Many causes of various natures may give rise to them."—"That is true, but is not that the cause," putting her left forefinger on the cicatrix on the right wrist. "Is it not that?"—"Most probably it is."—"Why not, then, cut it out? why not, if necessary, take off my arm? I can bear it, I have nerve for anything."—"Cutting it out is precisely what we have concluded, just now, to do, but it so happens, we have no instrument with us."—"Well, take your penknife, I won't flinch." Dr. Cooper, who had stepped out, returned with a venerable scalpel that had evidently not been in service for a long time, and a tenaculum. I hooked up the cicatrix, and with some effort succeeded in excising the skin surrounding the cicatrix. This rude surgery was borne well. She then said, "Do you not think it would be better to apply caustic to the cut?"—"A good suggestion," I replied, and immediately applied caustic liberally over the whole surface. A poultice of pulv. ulm. rubr. was directed to be applied.

The excision of the cicatrix was hardly completed, when a spasm came on. The chloroform was immediately administered with the sponge, its full effects were induced, and she again became insensible. She was some time in this state; as she was recovering from it, she raised herself slowly on her knees, and with her eyes intently gazing, and her arms stretched upwards, she addressed the vision of her lately lost child.—When she had entirely recovered, she related the vision she had seen.

It was agreed that the chloroform should be given as soon as a paroxysm was observed coming on, that in the course of the night another enema similar to the last should be administered, if the spasms continued to recur, and calomel, gr. xx should be given, to relieve the bowels.

*Monday, October 30th.*—At my visit this morning found her better, calm, and cheerful; pulse 96; temperature of skin natu-

ral. Tongue moist, slightly coated. I was informed that spasms had continued to recur from the time I left her until midnight. Many were exceedingly violent. The chloroform had been timidly administered. As the spasms appeared to yield, the chloroform was withdrawn, from an apprehension of some ill consequences from using it so constantly. The patient, as soon as the spasms would permit her to articulate, would call for more and urge its use. After 12 o'clock, the spasms were subdued so much, that instead of being instantaneous, she had a warning of their approach, when a few inhalations arrested their further development.

Was sick in the night, and vomited more blood, which remained liquid.

Throat feels sore, voice is hoarse; abdomen uncomfortable, and slight pressure distressing; cannot bear the weight of the bed-clothes on it. Pressure on the calves, under the knees, groins, and arms, very painful. Bowels have not been moved. In the confusion from the conflict with the spasms, the calomel directed had not been given. No feeling in the right arm. It is paralyzed, but is often affected with tremulous spasms.

Mrs. B—— is naturally nearsighted. Her father assured me she had been so from early youth. She was unable to distinguish the features of a person standing at the foot of the bed. Her sight is now quite acute. The shutters are bowed, and the curtains drawn, as the light is offensive, yet she sees a pin sticking in the paper on the opposite wall of the chamber, distant at least twelve feet.

The hearing is equally acute, though her hearing is rather dull in health. Yesterday, when the medical attendants were in the parlor beneath the chamber, the stairway opening into a small entry communicating with the bed-room, she heard the conversation below, and repeated parts of it to those with her at the time.

She remarked to me that her throat felt so uncomfortable and dry, that she wished it could be greased inside with a feather. I suggested to her to take some oil of butter, to which she assented. It was prepared and brought to her in a silver spoon; but as soon as the glitter of the metal caught her eye, she was taken with a strong shuddering, and spasmodic action of the throat and face. The oil was then placed in a small toy-cup; she received it in the mouth without difficulty, but in attempting to swallow it, a spasm came on. I called to her to spit it out; but she made another effort, when most of it was expelled, and a strong spasm was induced. The chloroform on a sponge was brought under her mouth, a few



inhalations produced partial insensibility and relaxation, and the paroxysm ceased. Calomel (gr. xvi) was given. Pills are swallowed without difficulty, and crackers can be chewed and swallowed.

6 P. M. No complete paroxysm since morning; several times spasms were threatened, but arrested immediately by chloroform inhaled. This afternoon, her father seeing a fly about to light on her face, waved his hand to drive it away. This excited a spasm, checked, however, by chloroform. The looking-glass, and other shining objects in the room, were covered over. The glitter distressed her. The windows were also kept down; she could not bear the air to blow upon her.

I inquired of her what had been, and were, her feelings; she said it was difficult to describe them, but they were more like a dread of something, she knew not what, than any other feeling. Her mind is tranquil; she converses cheerfully; being a Catholic, she has observed the religious obligations of her faith, and is fully prepared for any event.

The wound is discharging freely a thin serous fluid. The arm feels, she says, as though sensation was returning in it.

Bowels have not been opened, or urine passed. Directed a purgative enema, and after evacuations, pulv. ipecac. comp. 3ss, in injection. Chloroform *pro re nata*.

*Tuesday, 31st.*—Had passed a comfortable night; bowels and bladder had both been relieved last evening, and again this morning; had taken the Dover's powder injection. Twice spasms had been excited in the evening; once by a young girl coming into the room, and approaching the bed with a glass of water in her hand; the other, by an attendant, without thinking of it, bringing a basin of water into the room; each time chloroform arrested the spasms.

The wound discharges freely; suppuration has commenced; sensibility has returned to the arm; pressure on the calves, beneath the knees, in the groins, and armpits, much less painful.

She took last evening, some ice-cream, and repeated it this morning; she has taken also, some milk this morning. The uneasiness of the throat greatly abated; epigastrium less sensitive, bears pressure without the same distress. She informed me this morning, that during the violence of the attacks, a feeling appeared to start from the cicatrix, ascend the arm, pass down the chest, and strike into the stomach; but that now the feeling appears reversed, and seems to pass from the stomach into the arm, and descends into the wound.

The chloroform is used whenever there are threats of spasms from uneasy sensations. Repeat the enema of Dover's powder.

I inquired of her whether there was any difference between the attacks she had suffered during the last few days, and those I had understood she was formerly subject to. She said there was; they were wholly dissimilar. I asked in what respect. There is this difference, she remarked; in the former attacks I was generally unconscious; I knew no one about me, what was said, or what was doing. When I came to myself, I did not know that anything had happened to me. In these last, I had my consciousness entire. I knew every one, heard all that was said, and I knew all that was doing. There is also this difference. In my old attacks, bandages were tied tight around my stomach, and pressure made, which always gave me relief in the milder attacks; in those I have lately experienced, I could not bear the slightest pressure on the stomach; the bed-clothes oppressed me.

*Nov. 1st.*—Was restless in the night. The hand, wound and arm more painful; the edges of the wound pale and unhealthy; discharge thin and sanious. Directed it to be dressed with ungt. resinæ flav. Abdomen and epigastrium are no longer sensitive, or the seat of uncomfortable sensations; bowels relieved. This morning has taken ice-cream and milk. She has swallowed three or four raw oysters; complains of thirst, and wishes to make a trial of drinking water. Some was brought to her, and she took a large draught. A slight tremor only was produced, followed by a sense of glow, and suffusion of the face; continue milk, ice-cream, and raw oysters. At night the usual enema of Dover's Powder. Chloroform has been discontinued.

*4th.*—Has continued free from spasms; arm been painful.—To-day was brought in a carriage from Camden, to her father's residence in Market Street above Ninth. Saw her after her arrival. She was in the sitting room down stairs, resting herself. At 9 P. M., I was sent for to see her. In carrying her up stairs to her chamber she had fainted. She continued from fifteen to twenty minutes in that state. She revived soon after I entered the room, when, as usual, she commenced with me a cheerful conversation.

She informed me that she had lost her milk during her illness, and will be compelled to get a nurse.

*5th.*—Had rested well; feels better though feeble; arm less painful.

*23rd.*—Have not seen Mrs. Burrows until this evening, at 10 P. M., when her brother, Doctor Cooper, of the U. S. Army, urged me to visit her immediately.

Since last report her general health has been good. The arm has remained painful; the pain appears to be confined to the

ulnar nerve in the forearm, but the whole shoulder is painful. On the 17th, Doctor Fisler saw her, and as she was that day feeling very uncomfortable, with increased pain of the arm, and the wound was nearly healed, he again applied caustic potash. The slough was thrown off to-day. The pain of the arm had been increasing for the last two days, and finally, this evening, strong spasms of the arm came on, recurring, in paroxysms, every ten or twelve minutes, accompanied with sense of numbness. Severe pain existed also in the nape of the neck, extending down the back to the last dorsal vertebra.

I directed a warm poultice with ten grains of powdered opium, to be applied to the wound. A pill containing sulph. morph. gr.  $\frac{1}{4}$ , was ordered to be given every two hours, and a dozen dry cups to be applied along the spine on the neck and back. One spot opposite the third dorsal vertebra, was exceedingly sensitive; when a cup was applied to it the right arm was thrown into violent spasms, the forearm was rigidly flexed, and the hand clenched. It continued in this state until the cup was removed.

24th.—The pain and spasms of the arm continued nearly all night. Towards morning became less, and the patient got some sleep.

No spasms of the arm to-day; the course of the nerve is yet tender; a little below the axilla is very sensitive; wound discharging freely; a liniment of extr. of stramonium, aconite, opium, with cerate oil, was directed to be rubbed on the arm, and the pill to be continued, at intervals of from four to six hours.

25th.—Rested well last night; arm less sensitive; wound looks healthy; omit the pills; continue the liniment.

From this period Mrs. Burrows continued to improve in health. Her milk returned. The wound cicatrized in the second week of December, the pain ceased in the forearm, but the shoulder and axilla continued sensitive, and occasionally painful, until the commencement of January. To the present time (Feb. 6,) she continues to enjoy the most perfect health.



## PART THIRD.

## FOREIGN INTELLIGENCE.

## PRACTICAL MEDICINE, &amp;c.

1.—*Hydropathy and its evils. Report of a case.* By C. B. GARRETT, Esq., Surgeon, Thames Ditton.

Five children, of a respectable family in my neighborhood, were attacked last month with scarlatina; all progressed well till Friday, Nov. 3d, when one, a boy, through incautious exposure to wet and cold, was seized with inflammation of the meninges. I saw him shortly after its commencement, in the evening, and adopted the proper therapeutic measures. The pain and screams of the boy increased during the night, and at the suggestion of an alarmed relative, who had been under this treatment, the hydropathic doctor was sent for early on the morning of the 4th. Wet sheets, towels, and bandages were lavishly applied; cold water lavements, cold water for food, and (*toujours perdrix!*) nothing but cold water for food, drink, or raiment.

On my arrival I met this gentleman: "Sir," said I, "how do you expect your treatment to act?" "Derivatively," replied he; "cold water promotes absorption, attracts the morbid action to the skin, and instantly relieves the brain. The wet rollers round the loins act powerfully on the kidneys, and the lavements clear out the bowels. Taking nothing but cold water starves out the disease. "Sir," continued he, "smash your bottles; you will adopt hydropathy in a week, and a splendid water-cure practice you will make." "I wish you could get rid of a toothache for me," said I, experiencing a twinge at that moment. "Sit with your feet wrapped in cloths of cold water, for half an hour, and I will guarantee that you lose your toothache."

To proceed; my visits now ceasing to be professional, I continued them occasionally, out of curiosity. On the evening of the 4th, pain most acute; epileptic attacks frequent; pulse feeble, &c. On the 5th, pains diminished; pupils dilated; pulse slow and feeble; coma, insensibility, and great prostration of strength. The treatment went on till the morning of the 10th, when, on the visit of the learned hydropathist, he shook his head and pronounced the boy *in articulo mortis*, put on his hat, and left the house.

My attendance was again requested. I found the little patient in a positive *pond of water* and wet clothes, bed and all soaked. He was perfectly unconscious of all around him, moaning and crying "Ma! ma! ma!" unconscious of his mother's presence; the symptoms previously enumerated being, if possible, aggravated. The excretions were passed involuntarily, and he had not even swallowed water for twenty-eight hours! pulse almost imperceptible, and in every respect all but dead. A dry bed, dry clothes, warm milk-and-water, tonics, &c., soon revived him; a genial warmth pervaded the system, the pupils regained their natural calibre, consciousness returned, and with it a serenity and happiness of countenance, which too plainly evidenced the advantage of the change, and his lucky escape from this amphibious incarceration.

On the 11th he conversed cheerfully with those around him, took pleasure in his toys, and ate with much *gout* a mutton-chop for his dinner. He is now quite recovered.

This, Sir, is a part of the tale only, for the other four children were all hydropathed. Two had congestion of the brain, and the other two anasarca. The two former recovered, but one of the latter [urine becoming albuminous, bilious vomiting and purging] speedily died. The above circumstances I have related to you with the most perfect sense of candor and impartiality, entertaining as I do, a deep respect for the opinions of others, however erroneous; and I must say, that my hydropathic friend acted throughout with much courtesy and unobtrusiveness, and appeared to attend the case reluctantly, and as though pressed against his inclination.—*Lancet*.

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## 2.—*Diseased Liver Simulating Ovarian Dropsy.*

Miss B——, aged twenty-nine, had been attended by two medical practitioners, one a physician of eminence, for supposed ovarian dropsy. She had suffered from retention of urine, and was obliged, from time to time, to be relieved by the catheter. Her menstrual periods were never regular: this circumstance, combined with the fullness in the hypogastric region, gave the physician-accoucheur who was consulted the conviction that it was an ovarian enlargement on the right side. When Mr. Harvey was consulted upon her case, he found her suffering from great distention of the parietes of the abdomen, and occasional retention of urine, requiring the use of the catheter. Her size at this period was equal to that of a woman about five months advanced in pregnancy. She complained of no constitutional symptoms, her only complaint being the gradual increase in bulk. At this time he felt that something might be done of an operative kind; and as several cases of extirpation of the ovary had been reported as cured, particularly in young women, he requested a further consultation with another physician of eminence, whose diagnosis and critical accuracy he could rely upon. This gentleman, as well as the one before named, considered it an undoubted case of ovarian dropsy. The tumor always filled the right iliac fossæ. As there was a case that had just been operated upon, and which it was thought desirable should be their guide as to which mode of proceeding should be adopted, the practitioners thought it desirable to postpone anything further than palliative treatment. The abdomen, however, gradually enlarged and gave her considerable uneasiness, and it was thought desirable that another consultation should be held, in order to decide upon the chance of relief that might be afforded her by emptying the cyst. At this consultation, it was deemed expedient to postpone tapping, and a further application of leeches and purgatives was adopted. This treatment, although followed with regularity, gave no relief, and she continued to increase in size. She determined now, at the end of four months, on being relieved by tapping, which he [Mr. Harvey] performed. The quantity of fluid drawn off amounted to little short of sixteen quarts of a pale, transparent, amber color, resembling water very slightly tinged with bile. Mr. Harvey remarked to a medical friend in attendance that he had never witnessed such kind of fluid before from an ovarian cyst. The operation produced a considerable prostration of the powers for some time, but gave great relief; a stay bandage was applied. The pa-

tient continued to improve for a fortnight. The functions of the kidneys and bowels were performed regularly. She was placed under the influence of small doses of mercury and tonics, and the pressure on the abdomen was gradually increased. A sudden alarm in the family produced great disturbance in her mind, and the cyst was observed to refill. Considerable constitutional symptoms set in, attended with rigors, two or three times in the twenty-four hours, which led to the belief that the cyst was suppurating; but such was the suddenness of the attack, and consequent depression of the powers of life, that neither his friends nor himself dare venture farther than merely allay symptoms as they arose. She sank forty hours after the first alarm in her family. As it was a case of great interest, he was desirous of inspecting the body, the size of which resembled a woman in the last period of pregnancy. An incision was made through the abdominal parietes, which exposed a cyst, containing as much purulent fluid as was before named; tracing up the cyst it was found to be connected with the left lobe of the liver, which was broken down, with scarcely a portion remaining. The kidneys were slightly advanced in Bright's disease. The uterus and ovaries were found to be healthy. This case appeared to be interesting, particularly with regard to the absence of one very important symptom—namely, jaundice, which, in hydatid disease of the liver terminating in suppuration, he believed was never absent. The early history of the case entirely impressed himself and others with the conviction that it was an ovarian enlargement.—*Ibid.*

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### 3.—*Remedies for Cholera.* By W. T. GAIRDNER.

The first and most controverted of cholera remedies to which we shall allude, is *venesection*. In reference to this, the evidence is of the most varied character. It has been employed with alleged benefit in all stages of the disease, and not less in this country than in India. The most satisfactory accounts are of its use in the early stage, before the collapse has occurred; and here it seems to be often most effectual in relieving the feeling of tightness and oppression about the stomach and region of the diaphragm, which are frequently most distressing to the patient.—As to the effect on the mortality, it is difficult to form an opinion. It is usually only in the early stage that blood can be procured in quantity, and this is precisely the stage not only when mistakes of diagnosis are most apt to occur, but in which the disease is most manageable under any form of treatment. Notwithstanding this circumstance, the mortality where blood-letting formed a considerable part of the treatment, is rarely much less in any of Mr. Ross' tables than 50 per cent, and sometimes more; few of these results, however, relate to blood-letting alone. Dr. Robertson, whose observations on this subject in our present number are well worthy of attention, thinks that he has in several instances prevented the collapse by this measure; and the favorable result of his cases presents the greatest encouragement to the practice. He employs it, however, only in the early stage.

*Stimulants*, especially alcoholic liquors, have been lauded in cholera, no less than blood-letting; but there appear to be now grave reasons for doubting their efficacy, and even, we think, of rejecting them in a great measure in the treatment of this disease. Not only are they in many cases most disagreeable to the patient, whose perpetual thirst they do



nothing to relieve ; but it seems to be most probable that they are not absorbed, and that their action is therefore purely local. It is important also to observe, that the evidence against them in Mr. Ross's tables is most unequivocal, and that, both alone and in combination with other kinds of practice, they seem invariably to have deteriorated the results wherever they were used. There is not an instance in these tables of a mortality under 50 per cent. where stimulants have formed part of the treatment. That by stimulants alone, gives in the aggregate 58.8 per cent.

*Opium* has a very large amount of individual testimony in its favor, and is indeed apparently so directly indicated by the diarrhœa, that we cannot wonder at its having been extensively used. In conjunction with acetate of lead, it forms the celebrated pill of Dr. Graves, which has had a most extensive reputation in the cholera both of this country and India. There seems no reason to doubt, that, in the premonitory diarrhœa, this remedy has the power ascribed to it ; but, in the confirmed disease, Mr. Ross's tables show that it has not diminished the aggregate mortality below 50 per cent. Those who continue to employ it should certainly do so in the fluid form, in order not to oppose any unnecessary obstacle to its absorption. In the stage of reaction, or where there is a tendency to coma, as is often the case in this country, there is every reason to reject opium as probably injurious.

*Mercury*, in the form of calomel, and usually in combination with opium, has been widely recommended in India. In this country it has been used to a large extent, but without remarkable success, according to the returns, excepting in the hands of Dr. Ayre of Leeds, and Dr. Peacock, in whose cases the mortality was as low as 31 per cent., and who both used it *without stimulants*. Whether this success is due to the calomel, or to the simplicity of the treatment in other respects, is, we think, very doubtful, considering the negative results of mercury in other hands, and combined with other modes of treatment. If, however, mercury be employed, we think that the method recommended in our Medical News, by Dr. Fleming, deserves attention ; that of administering it in the fluid form of corrosive sublimate. Absorption is known to take place with great difficulty in cholera; and it is difficult, therefore, to conceive a worse form for conveying mercury into the system than that of calomel.

*Tartar Emetic* is strongly recommended by Dr. Billing,\* on the ground that cholera is a fever, and must be treated by sedatives and fever medicines. He considers the collapse of cholera to be similar to the cold stage of ague, and strongly reprobates stimulants in every form. He allows cold water to be liberally given, and even pushes his theory of the disease so far, as to administer quinine from the beginning. The tartar emetic is given in small doses. Dry friction is the only external application. In Droitwich Lunatic Asylum, where tartar emetic was the staple of the treatment, there were only four deaths in twenty-one cases ; but this number is too small to afford anything more than a presumption in favor of the remedy. We attach, however, more importance to Dr. Billing's testimony than to his theory, and consider this method as worthy of further trial.

*Injection of the veins* was first introduced by Dr. McIntosh, of Edinburgh ; it has been so frequently tried in cholera, and so frequently found

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\*On the Treatment of Asiatic Cholera. By Archibald Billing, M. D., &c.—London, 1848. P. 15.

wanting, that notwithstanding its extraordinary effects in the first instance, we should hesitate to recommend it in any case which presented a hope of recovery under any other treatment. Nevertheless, the high mortality ascribed to it in Mr. Ross's tables (85.7 per cent.) is evidently to be ascribed to the trials of it having mostly been made upon moribund cases, in which alone it is by many practitioners thought justifiable.—We refer our readers to Dr. Robertson's remarks on this subject, in our December Number, as well as in the present one. Nevertheless, we think that, if this treatment is to have any chance of success, it must be by being tried earlier in the disease, and *repeated as often as the collapse recurs*.

*Emetics and strong Purgatives* (such as croton oil) have each had their supporters; but neither from theory nor experience can we gather much satisfactory testimony in their favor.

*Chloroform inhalation* has been used in thirty-seven cases in Peckham-house Asylum, all of which presented characteristic symptoms.—(See *Med. Gazette*, Nov. 24, 1848, p. 903.) The number of cases is too small to enable us to form a decided opinion upon the practice, more especially as the details of symptoms and treatment are not given. In the mean time, the results are superior to most of the methods in Mr. Ross's tables, but inferior to the tartar emetic practice in Droitwich Asylum, before referred to, and very decidedly inferior to the results of upwards of 700 cases treated by cold water and saline medicines internally. In the Edinburg Hospital, chloroform was found to relieve the cramps while the patient was under its action; but with respect to the restoration of temperature, and amendment of the symptoms of collapse, it was believed to exert a negative, if indeed not an unfavorable influence.

With regard to several other remedies which have been faithfully tried in Edinburg, we must again refer to Dr. Robertson's paper.

On the whole, we think it is clear enough that the specific for cholera remains yet to be discovered; and that none of the more vaunted cholera remedies present evidence in their favor so strong as to command an exclusive attention. On the other hand, it is much to be feared that the *routine heroic* practice of many practitioners, both in this country and in India, has aggravated to no small extent the mortality of this tremendous disease. This is especially the case, as we have already pointed out, with regard to stimulants.

On reviewing the evidence deduced from large numbers, we find that there are two modes of treatment which present so marked an advantage in respect of mortality, as to arrest our attention very forcibly. The treatment by common salt, with cold water given in abundance internally, produced in 607 cases (in various hands) a mortality of 20 per cent.; and in Greville Street Hospital, 107 cases treated by a saline mixture, with copious draughts of cold water, gave a mortality of only 14 per cent.; the lowest which has yet been recorded from a similar number of unselected cases. Nearest to these stands the treatment by ice alone, given by the mouth; a continental practice, of which the results are 30 per cent. mortality. It is a remarkable fact, as pointed out by Mr. Ross, that in all these the administration of cold water by the mouth plays a prominent part; and when we consider the success which this remedy alone appears to have had in the hands of many practitioners (especially Dr. Shute of Gloucester,) it is impossible not to think favorably of it in cholera. Dr. Shute states, "that under this system the state of collapse is prolonged to two, three or five days; and others have remarked, that, during the reaction, a paroxysm of raging delirium is apt

to take place. It is not, therefore, an inoperative remedy." Add to this, that it is most grateful to the patient, whose burning thirst seems always to point to this as the most appropriate resource for his relief. If it be the case also, as seems every way probable, that the water so administered is either absorbed into the blood to replace the fluid lost, or tends to prevent the loss of fluid from the blood by the intestines, we can have no difficulty in understanding its beneficial effects.

We are most firmly persuaded, that cholera, like all other diseases dependent on a specific poison, has a spontaneous tendency to cure after the virus has exhausted itself; and that the treatment will be most securely and successfully accomplished by discarding, in the majority of cases, heroic remedies; by following out the indications afforded by the feelings and desires of the patient; and, as Cullen said of fever, by attending to those conditions and means calculated to "obviate the tendency to death." Now, all that we yet know of the pathology of this disease tends to ascribe the fatal result in the collapse to a slow asphyxia, induced by the imperfect fluidity of the blood. In proof of this assertion, we would refer to pathological facts (see our review on this subject in February, 1848,) as well as to the wonderful, though too transitory, effect of the injection into the veins. We would therefore endeavor by every means to supply fluid to the blood through the intestines, the skin, the lungs, or at least to prevent, in as far as possible, the fluids of the body from being thrown off by these channels.

This might be accomplished—1st, by supplying cold water in abundance by the mouth, as already mentioned, and as dictated by the thirst of the patient; 2d, by the use of baths of regulated temperature, at least at the *beginning* of the treatment; 3d, by maintaining the body of the patient *throughout* the treatment in contact with fluid media, or at least with fluid vapor, by means of soaked cloths placed around him, and covered by a sufficiency of blankets; 4th, by surcharging the air of the apartment with vapor, particularly when the external air is dry and frosty.\*

The third of these indications was put in force by Dr. Robertson, by means of the hot wet sheets, surrounded by several dry blankets, very soon after the commencement of treatment in the Cholera Hospital; and the advantages of it over the use of heated air, as in the first cases in the Infirmary, was soon apparent. The mortality under the latter practice, indeed, was so considerable as to cause it at once to be renounced in the Cholera Hospital. It was found, however, to have some disadvantages in the case of adults, from the disagreeable sensations sometimes caused by it, which gave rise to restlessness and struggling, and consequent exposure to the air. We are disposed to ascribe these effects in part to its having been used very warm, and exclusively with the

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\*We are happy to find a corroboration of these views, as to the importance of fluids in the treatment of cholera, in an able pamphlet by Dr. Buchanan, of Glasgow, which deserves especial notice as one of the few recent contributions to the pathology and general history of the disease, bearing the traces of independent thought and observation, without being the mere exposition of a hypothesis.—(See *Observations on Malignant Cholera, &c.* By Andrew Buchanan, M. D., Professor of the Institutes of Medicine in the University of Glasgow.



view of producing reaction by artificial heat, and think that many of these inconveniences would vanish if the temperature were studiously regulated by the feelings of the patient.

The regulation of temperature is, indeed, a most important means in the treatment of cholera. The extremes both of heat and cold appear to be ill borne. The momentary shock of the cold affusion (followed by warm wrappings) has indeed been useful in rousing patients from deep collapse; but nothing has shown its continued application to be beneficial. On the other hand, the exhausting influence of excessive heat, externally applied, has been noticed by many writers. The supervention of reaction appears to us to depend much more upon the reception of fluid into the blood than upon the application of external heat; and we have seen it take place, and follow its usual course, where no external heat has been applied. Should the relation of the reaction to the fluidity of the blood be established, it will appear still further how paramount is the indication of treatment by fluids, to which we have alluded. Meantime a moderate amount of heat, such as is agreeable to the patient, appears to us to have most evidence in its favor in the treatment of the collapse.

The relief of the spasms is the next important indication of treatment during the collapse. In relation to this symptom, further trials of chloroform appear to be requisite, unless it shall be found to affect unfavorably the progress of the case. The use of frictions to the affected parts, and of stimulation of the skin by liniments, or by mustard cataplasms, is universally admitted to be useful.

Finally, in the management of the reaction the most important indication appears to be the restoration of the urine, and of its normal constituents, especially the urea and uric acid, which are often deficient, and appear by their deficiency to lead to coma. An excellent suggestion of Dr. Robertson's in these cases is the administration of *colchicum*; and we believe, this has been carried out by him in a few instances with good effect; though, of course, nothing can be yet said decidedly on this remedy.—*Monthly Jour. Med. Sci.*, Jan. 1849.

#### 4.—Does Calomel really Expel the Biliary Secretion?

Dr. MICHEA has published in *L'Union Medicale* a very interesting paper on the above question. The author's object was to ascertain, by chemical analysis, whether the green color which purgative doses of the chloride of mercury give to the alvine dejections (besides rendering the latter more copious and less dense) is really owing to a superabundant secretion of bile. Opinions, says Dr. Michea, are not agreed on this point either in France, Germany, or England. M. Higgins (who published his paper in *L'Union Medicale*) and M. Mialhe consider that calomel really excites the biliary secretion. MM. Trousseau and Pidoux, authors of an esteemed work on *materia medica*, express their doubts on the point. Actual experiments have been made by Dr. Franz Simon,\* Dr. Golding Bird,† and M. Siebert.‡ The first of these inquirers found,

\* *Medicinische-Analytische Chemie*, bd. ii. s. 496.

† *The London Medical Gazette*, Sept. 1844.

‡ *Naturalist's Society of Erlangen*.

after large doses of calomel, a great quantity of bile and biliverdine; the second discovered only a few traces with a hydrocephalic child taking mercury, and the third maintains that the alvine dejections following the use of this metal present no trace whatsoever of bile. The green stools resulting from the use of the Carlsbad and Marianbad waters are on the other hand, denied by M. Kerstin, of Freiberg,\* to contain any trace of bile, and that physician thinks the color to be due to green sulphuret of iron, by the reduction, in the stomach and intestines, of the sulphate of soda contained in the mineral waters into a sulphuret, which subsequently combines with the iron likewise to be found in these waters. This theory is founded upon the fact, that hydrochloric acid removes the green color of the fœces, and evolves a large amount of sulphuretted hydrogen. Dr. Golding Bird and Professor Schonlein are of opinion that the green color given to alvine dejections by calomel is due not to an excess of bile, but to an alteration of the hæmatosine. Startled by these dissimilar statements, Dr. Michea began a series of chemical analyses upon—1, the spontaneous alvine dejections of healthy men; 2, the same substance, of a more or less green color, from men affected with gastro-intestinal inflammation; 3, the same, resulting from various doses of calomel; and 4, evacuations produced by neutral salts and resinous purgatives. The author prefers for his tests, the strong nitric acid of Dumas to the sulphuric acid and syrup of Pettenkoffer. The spontaneous alvine dejections of six healthy individuals, four adults and two children, were examined; their filtered solution remained unaltered by nitric acid. The evacuations of three patients affected with gastro-intestinal derangement were examined, and much bile was found in one case only. When the vomiting had subsided, the bile disappeared from the dejections. Calomel given to eight persons, five men and three women, in doses varying from twelve to fifteen grains, produced green stools in four patients only. These being analyzed, it was found that they contained a superabundance of bile, and that with nitric acid, two principles of that secretion might be made manifest,—viz., biliverdine and albumen. The evacuations of two of these subjects gave, not a pure green by nitric acid, as this reagent will generally produce on biliverdine, but a dirty olive, (on this Dr. Michea grounds his belief, that he found bile, and not biliverdine alone;) this olive color, however, assumed the same successive shades of purple, red, and yellow, which biliverdine will yield. In the other two instances, the nitric acid gave a drab or yellowish-red color, almost without any subsequent shades.—The author puts the question, whether this might not have been the bilifulvine of Mulder. The evacuations of five persons who took neutral salts and resinous purgatives were never green, and exhibited no albumen to the addition of either nitric acid or heat, whereas the albumen, as shown by a plentiful precipitate, was abundant with the four patients using calomel. This albumen was, according to Dr. Michea, furnished by the practice,—First, of English physicians, who regard calomel as a specific in liver affections; secondly, of Dr. Schonlein, in typhus, who looks for green evacuations by fifteen-grain doses of the chloride of mercury; and thirdly, of Russian practitioners, who consider calomel the most efficient agent against cholera. Modern organic chemists look upon bile as partly of an excrementitious nature, and that the liver as well as the lungs removes from venous blood substances which have become unfit for assimilation, (the resin and fat to be found in the bile

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\*Heller's Archiv., 1844, p. 293.

containing much carbon and hydrogen.) The more plentiful, therefore the secretion of bile, the purer the blood. Thus it becomes clear how calomel may act beneficially in miasmatic contaminations, in typhus and cholera. We subjoin Dr. Michea's conclusions:—

1. Calomel acts in a special and direct manner on the liver; this salt occasions alvine evacuations of a peculiar color, due to an excess of actual bile, as shown by the action of nitric acid, which points to the presence of its coloring matter (biliverdine) by change of coloration, and of its albumen by precipitating the latter.

2. This influence of calomel upon the biliary secretion is not constant. It varies according to certain conditions and circumstances.

3. The green evacuations produced by calomel are more frequent with men than women. (This the author supposes to be owing to the greater quantity of alkaline chlorides generated in the stomachs of men, which chlorides, according to Mialhe, would contribute to transform the chloride of mercury into a bichloride.)

4. These evacuations have a peculiar consistence—viz., a viscous liquidity, somewhat like oil, or white of eggs beaten together.

5. In some affections of the intestinal canal, an excess of bile, to be detected by reagents, may be found in the evacuations.

6. Spontaneous alvine evacuations in healthy people are quite free from an excess of bile.

7. Neutral salts and resinous purgatives exercise no direct or special influence on the liver. The alvine dejections which they produce contain no excess of bile, remaining unaltered by nitric acid or heat.—*Lancet*.

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## SURGERY.

5.—*On the proper period of life for operating on Hare-lip.* By BRANSEY COOPER, Esq., F. R. S., &c.

“For my own part,” says Mr. B. Cooper, “I agree entirely with Sir Astley Cooper in regarding it as unsafe to operate on infants before weaning: firstly, because, from their excessive irritability, they are totally unable to sustain any loss of blood; and secondly, because after the operation they are rendered incapable of sucking; and indeed, Sir Astley has pointed out in his lectures the frequency of the failures he met with in his own practice in operating upon infants shortly after birth. I consider the best time, under ordinary circumstances, to be soon after the child is weaned, as it is then capable of receiving nourishment independently of its mother, and has overcome the distress incidental to the separation from her.

At a more advanced age, as the development of the upper jaw increases in proportion to the growth of the teeth, the deformity is very much aggravated, particularly in case of complex hare-lip. In addition to this, children of five or six years old can offer resistance during the operation, and are also less patient under the restrictions necessary during the progress of reparation. The twisted suture is, I think, preferable to the interrupted; but, from what I have seen of the practice of my colleague, Mr. Cock, I am led to consider the uninterrupted suture better than either.”—*Ranking*



6.—*New Instrument for the cure of Exomphalos.* By W. N. SPONG, Esq.

Well regulated, constant, and equable pressure, seems all-sufficient for the cure of this disease in infants, and the elastic belt, presently to be described, answers the purpose effectually. It consists of a piece of vulcanized caoutchouc, about six inches in length, and three inches and a half in breadth, to either end of which is attached a piece of fine white linen web, a species of girthing used by saddlers, and manufactured of about the same breadth, with tapes appended, which are tied behind the back. The piece of vulcanized india-rubber should be of such a length, according to the size of the child, as will embrace rather less than one third of the circumference of the abdomen, the circle being completed by the pieces of linen web; this material is sufficiently stiff to prevent its creasing.—*Lancet*.

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7.—*A new mode of removing Nævi.*

J. C. CHRISTOPHERS describes (*Lond. Med. Gaz.*, Dec. 1848) a method of applying a simple ligature to strangulate and remove nævi, which, he says, he has employed in six cases, and in all with perfect success, and without any untoward accident occurring. His method is as follows:—

1st stage.—Take a piece of strong silk, well waxed, about half a yard long, and dip the moiety of it in ink to dye it, the more readily to distinguish the ends after it is divided; thread a needle with the same, leaving the ends equal, and pass it under the centre of the part to be removed. This done, cut the ligature in the middle, leaving the needle attached to the inferior or black half of the ligature; take the same and pass it through the skin, immediately below the part to be strangulated. Thread the needle with the superior or white half of the ligature, and pass it through the skin in an opposite direction to the black ligature, immediately above the part to be strangulated. Remove the needle.

2d. stage.—Tie tightly the two ends of the black loop that includes the inferior half of the nævus. Tie in the same manner the two ends of the white loop that includes the superior half of the nævus. The four ends remaining, two white and two black, are now to be tied alternately and tightly, the one to the other, and the operation is completed. The whole mass to be removed is by this means completely and entirely enclosed in a double circle, both from within and without, and is most effectually strangulated. The pain, he says, of this operation is trifling.

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## OBSTETRICS, &c.

8.—*On the treatment of Puerperal Fever.* By C. M. MILLER, M. D., &c.,  
Stoke Newington.

My attention of late has been drawn to the subject of puerperal peritonitis, commonly called puerperal fever, from having heard of several fatal cases; and I hope I shall not be thought obtrusive by giving an outline of the plan of treatment which I have very successfully adopted in several cases that have come under my immediate notice. Before however, proceeding to the therapeutics of the disease, it may be as well to state what I consider its symptoms, that I may not be misunderstood as to what I have thus treated.

I look upon puerperal peritonitis as that disease which is ushered in from the second to the fourth day of confinement, by shivering, accompanied by acute pain, radiating from the region of the uterus, increased on pressure, and gradually extending all over the abdomen, with suppression of lochiæ and milk, much accelerated pulse, furred tongue, great heat of skin, and that peculiar pain in the sinciput, which is so well described by my late lamented preceptor, Dr. D. D. Davis—short breathing, knees drawn up, and great anxiety of countenance. If the lochiæ be not entirely suppressed, they become exceedingly fœtid. When, after a slight shivering, I do not find any hardness of the breasts, my attention is immediately directed to the uterus, this shivering being generally the first symptom which presents itself.

When these symptoms are present there is no time to be lost, and I believe, that by active treatment in the first instance many valuable lives may be saved. I immediately order eight or a dozen leeches to be scattered over the abdomen, and to be followed by a linseed or bran poultice; the vagina to be washed out with tepid water, and if the lochiæ be fœtid, an injection of chloride of soda used; large doses of calomel and opium to be given every three hours, and beef-tea administered at intervals; the calomel to be pushed to approaching ptyalism; when this commences, the calomel to be remitted. Should the pain not yield quickly under these means, I either apply more leeches, or if the strength will not allow of them, make use of the turpentine poultice; the effect of this last, is, in many cases, almost magical.

There is nothing novel in this plan of treatment, but I may state, from the experience of the last eight years, during which time I have had several cases of this nature, that while energetically following out this plan, I have lost but one case, and that in a person who had suffered from disease of the brain for some years previously. It is highly important that the patient should have a nurse that will carry out the plan to the very letter, and where practicable, the medical attendant should see it done in person, and he will be amply repaid for his extra attention by the saving of his credit, all of us knowing too well what the public opinion is respecting a person lost in childbed. Where the calomel, (which is unfortunately sometimes the case,) in spite of its combination with the opium, runs off by the bowels, an enema, of two ounces of starch, with half a drachm to a drachm of tincture of opium, will generally stop the annoyance.—*Lancet*.

9.—OBSTETRICS, &c.—*Sore Nipples and their Treatment*. By Drs. McClin-  
tock and Hardy.

“Sore nipples may not only incapacitate a woman from nursing,—a deprivation in itself often sufficiently grievous,—but they may, as we have before observed, give rise to mammary abscess, from an extension of the inflammation backwards, along the ducts, to the substance of the gland. This, in point of fact, is the great danger to be apprehended, and every other consideration should give way to it.

“When there is reason to dread such a result, the child is entirely withheld from the affected breast, which is kept soft by rubbing, and if the nipple itself appear to be the seat of any inflammation, a bread and water poultice is applied to it.

"Of the various topical applications for sore nipples employed in this hospital, it may be well to mention two or three whose value has been established by long experience.

"Amongst these the tincture of catechu holds a high place, and has been found a very excellent astringent; like the other remedies of this class, it is best adapted for the simple excoriated or abraded nipple.—Nearly similar to it is the solution of pure tannin, so highly recommended by Mr. Drutt. It is made by dissolving five grains in an ounce of distilled water. We have not observed it to possess any superiority over the catechu, except in being more cleanly. The following is a favorite lotion with Dr. Johnson, who has been in the habit of using it for many years:—R. Sub-borat. sodæ, drs. ii; Cretæ precipitat. oz. i; Spiritus vini, Aquæ rosæ, aa oz. iii. M. fiat lotio.

"This may be applied alternately with the following ointment, or the latter may be used alone:—R. Ceræ albæ drs. ivss; Ol. amygdal. dulc. oz. i; Mellis despumat. oz. ss; Dissolve ope caloris, dein adde gradatim, Bals. Peruviani oz. iiss. M. fiat unguentum.

"In some cases we have seen benefit result from the use of tincture of galls and compound tincture of benzoin (Friar's balsam) in equal proportions.

"It is always well to have in mind a number of these different preparations, for it not unfrequently happens that one will answer our purpose when others have failed. For fissured nipples some authors strongly advise the application of solid nitrate of silver; but our experience does not permit us to speak of it. Dr. Johnson thinks it is sometimes a good remedy in such cases, at a remote period of delivery; but that during the puerperal state its use is not advantageous, as it is apt to be followed by mammary abscess."—*London Med. Gaz.*

"M. Jose Leon advises all pregnant women who have reason to fear chapped nipples, to use during the month preceding delivery, once a day, the following liniment, the breasts being previously washed with tepid water:—R. Tannate of lead, grmms iv; Simple cerate, grammes xxx.; Oil of roses, drops ij. The bosom should be immediately covered with a compress of soft linen."—*Gazette des Hopitaux.*

## PART FOURTH.

### BIBLIOGRAPHICAL NOTICES AND REVIEWS.

- 1.—A PRACTICAL TREATISE on the Domestic Management and most important Diseases of Advanced Life, with an appendix containing a series of cases illustrative of a new and successful mode of treating Lumbago and other forms of Chronic Rheumatism, Sciatica and other Neuralgic affections, and certain forms of Paralysis. By GEORGE E. DAY, M. D., Fellow of the Royal College of Physicians, and Physician to the Western General Dispensary. pp. 226. Philadelphia, Lea and Blanchard.

While we have numerous treatises devoted to the management and diseases of children, the period of second childhood, scarcely if at all less



peculiar, has been strangely neglected. We think that Dr. Day has done a real service to the profession. He has executed his task in a very satisfactory manner, and his volume will or should find a place in every library.

The volume commences with a consideration of some of the important changes that occur in the system in advanced life.

"The years of declining life are naturally divisible into the following epochs:

1. Declining age, extending in women to about the fifty-second year, and in men to about the sixtieth.

2. Advanced age, or incipient old age, extending in women from fifty three to about sixty-five, and in men from sixty to seventy.

3. Mature or ripe old age, dating from the preceding period, and extending to about seventy-five in the female, and eighty in the male.

4. Decrepitude, or second infancy, constituting, in those whose span of existence is so far prolonged, the last epoch of human life."

The anatomical and physiological changes in the 1, Respiratory Organs; 2, The Nervous System; 3, The Digestive organs, and 4, The organs of circulation, are then described.

The lungs become changed in a marked degree in advanced age.— Their size and functions are diminished, while the air cells are increased in size. The law announced by Magendie "that the density of the lungs diminishes, as also does the quantity of blood they admit, with the progress of age," is verified. These changes are of great importance in a diagnostic as well as therapeutic, point of view. Another change, which our author omits to mention, has seemed to us to modify the percussion sound, especially. We allude to the very constant occurrence of firm ossification of the cartilages. The size of the chest is diminished, especially in its lateral diameters, and it is so firmly ossified, that it becomes, as it were, a firm unyielding, resounding box. The lungs do not always seem to fill fully, the cavities; hence evidences of gas or fluid in the pleuræ are often found. The chests of old persons are usually more resounding than in earlier life.

The brain "diminishes in size, weight and specific gravity. The same is also the case with the spinal cord, the nerves, and the ganglia of the sympathetic system." Various other changes in the brain and its membranes and cavities are observable. The senses, even without apparent organic changes in their organs, become blunted, and are less easily excited by their appropriate stimuli. In connection with the nervous system, our author refers to a very important point, both in the pathology and treatment of the diseases of the aged, viz., *the insulation of the different organs*. That active and ever vigilant sympathy which unites the different organs so closely in earlier life, is much diminished, sometimes almost gone. Organic diseases of vital organs, as of the brain or lungs, may exist, and be regularly progressing to a fatal issue, and yet the general system is not alarmed or shocked. Cerebral ramollisement may

first show itself by a sudden attack like apoplexy, and extensive disease or even disorganization of the lungs may exist for a long time, and prove suddenly fatal without being suspected. These facts, of course increase the difficulties of diagnosis in a very marked degree.

The digestive organs are all affected by advanced age. The stomach and intestines are diminished in size, the mucous membrane is thickened, and the villi and mucous follicles are generally shrunken. The muscular coat is very constantly atrophied, sometimes not a trace of it is perceptible. These changes, with the imperfect mastication from the loss of teeth, will account for that imperfection and torpor of digestion so frequently observed.

The changes occurring in the organs of circulation are well marked. "The size of the heart, and the thickness of its walls usually diminish with advancing years," says Dr. Day. This statement is in direct contradiction to the assertions of Bizot, Hope, Clendinning and others, that the heart gradually *increases* in size with old age. Whether more extended observations will prove the former correct, remains to be seen.—This is an important point, as many cases have been mistaken for hypertrophy of the heart, post mortem, which were probably only the natural physiological enlargements referred to. The lining membrane presents spots of atheromatous deposit, the free margins of the valves become thickened and hardened, and there is a tendency to calcareous and fatty deposition throughout the arterial system, which renders the tubes more rigid, and predispose them to rupture and aneurism. The walls of the capillaries are thickened, which, besides accounting for the shrunken appearance of the skin as well as the lungs and other organs, opposes a barrier to the free passage of arterial blood, and hence venous enlargements, accumulations and effusions, ensue.

"From the ordinary state of the arterial system in old age, we must recollect the uncertainty of the indications afforded by the pulse at the wrist. *The pulse should be counted at the heart.*

Furthermore we must know the average number of pulsations in old age. Physiologists seem to have considered it as an established fact that the frequency of the heart's action diminishes in advanced life. This is a great and dangerous error; I find from the data afforded by 562 healthy women, whose mean age is 73 years, that the average number of pulsations is a fraction above 79 in a minute; and that the average pulse of 197 healthy men of the mean age of 68 years, is 72.5. Although the pulse is thus as a general rule above instead of below the pulse in adult life, we not unfrequently meet with cases of very slow pulse in old age. These are, however, exceptional cases."

We have dwelt upon these changes consequent upon old age, somewhat at length, because they lie at the foundation of all that is peculiar in the diseases or treatment of that period of life. They should be constantly borne in mind by the practitioner. Many grievous mistakes are committed through a forgetfulness of them which should be avoided.

Most of the anatomical and functional changes referred to more or less, are not inconsistent with the enjoyment of a good degree of health, but they at the same time, suggest a modification of the ordinary habits of life. Our author, therefore, very properly devotes a chapter to the "*hygiene of declining life.*" "The rules for the attainment of a good old age, are all comprised in a single sentence. *Carefully avoid all such influences as tend to shorten the span of life.*" Regular habits of life, in eating, drinking, defecation, &c., are essential to the well-being of old people. It will not do, oftentimes, to abandon an essentially vicious habit, if it has been long persisted in, for that facility of adaptation to a change of circumstances so marked in earlier years, is gone. The food should be nutritious, digestible, and especially well cooked. Soups, boiled or roast meats, fowls or game, avoiding the oily kinds, fish, with the same restriction, turtle, oysters, eggs, milk, stale bread, rice, sago tapioca, &c., with tea and coffee in moderation, make a very comfortable bill of fare from which to select. Animal food should never be *fried* for the aged. Fruit may be indulged in moderately, but it generally agrees better when cooked. Pale ale, beer or wine at dinner need not be forbidden, if their use has become habitual. After giving somewhat particular directions as to the articles of diet, times for eating, &c., the following is added.

"Adhere regularly to the same hours. Never eat to repletion. Masticate thoroughly, and eat slowly. Strive against the tendency to fall asleep in your chair after dinner, unless you specially desire to induce an attack of apoplexy."

Increasing age brings with it increasing susceptibility to atmospheric vicissitudes and influences.

"In youth, and in adult life, the free respiration and circulation, the continuous change in all the tissues and organs of the body, high nervous energy, and abundant muscular motion afford a never-failing supply of heat; but in old age the case is different; the lungs are diminished in volume and in elastic power, the blood-vessels are modified in number and character, and the force of the heart is diminished; the change of tissue is mere waste without a corresponding reparation; the nervous energy is deadened; and muscular motion much lessened. Hence it is that the feet and hands are almost always cold even in healthy old persons, and that they can no longer resist atmospheric influences as they could previously do. It becomes necessary, therefore, that their clothing should be warmer than that of younger persons."\*

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\*The servant of the Prince de Beaufremont, who came from Mount Jura to Paris at the age of 121, to pay his respects to the first National Assembly of France, shivered with cold in the middle of the dog days, when he was not near a good fire. The National Assembly directed him to sit with his hat on, in order to defend his head from the cold.

Dr. Rush mentions that Dr. Chovet, of Philadelphia, "who lived to be eighty-five slept in a baize night-gown, under eight blankets, and a coverlet, in a stove room, many years before he died." It is, doubtless, from the neglect of providing very aged persons with sufficiently warm bedclothes, that they are so often found dead in their beds in the morning, after a cold night.



The number of deaths of aged persons is much greater during the cold than the warm months. Statistics abundantly prove this statement.—Purgatives should be avoided as far as possible. The tendency to constipation should be corrected, if possible, by exercise, diet, as roasted apples or prunes, and kneading or frictions.

The medical treatment of advanced life will be much influenced by the foregoing considerations. Many affections, which, in their symptoms are similar to corresponding ones in earlier life, are dependent upon the deficient or imperfect play of worn-out or organically changed organs. A radical cure is often not to be looked for, and if bold and active treatment is resorted to, the waning nervous excitability may be still further diminished, and the fatal event hastened. Acute diseases are far less frequent in the aged than in the young, and when they do occur, even of an active inflammatory character, from the deadened sensibility of the nervous system, there may be little or no reaction. Blood-letting and active remedies generally, though they are sometimes imperatively demanded, are, as a general rule, not well borne by the aged.—The neutral salts, mercury, the salts of lead, iron, antimony, zinc, iodine and iodide of potassium, and the narcotics should be used with caution. "Chloroform, when freely diluted with atmospheric air, may often be administered with advantage in painful affections of the nervous system." We may observe here, that our author frequently speaks of the administration of this agent with a freedom and confidence which we, at least, do not feel. In old age especially, we should suppose that extreme caution should be observed in its use.

"Sulphur, the vegetable tonics, bitters and astringents, and the gum-resins and balsams, are amongst the most important articles of the *materia medica* in advanced life. Stimulants, as the preparations of ether and the etherial oils, the ammonia salts, phosphorus and camphor, are now of more value in the treatment of disease, than during the earlier periods of life."

Surgical operations are badly borne; and long standing diseases, as ulcers, or discharges, should be healed or checked with extreme caution, if at all.

The remainder of the book is devoted to the consideration of particular diseases, so far as they are modified in their pathology or treatment by old age. We can do little more than give the names of the diseases described, hoping that our readers will not be satisfied until they have perused the whole work. The diseases are considered under the same general heads as the anatomical changes.

Diseases of the Respiratory organs, including Pneumonia, Bronchitis, Chronic Bronchorrhœa, Asthma, Hydrothorax and Pulmonary Œdema, Pulmonary Consumption and Hæmoptysis, and Influenza.

Diseases of the Nervous System, including Apoplexy and Paralysis, Meningeal Apoplexy, Cerebral Softening, Meningitis, Mental Diseases, and painful affections of the nerves.

Diseases of the Digestive Tube and its appendages, including Functional diseases of the intestinal canal. Diseases of the Stomach, of the Rectum and Anus, and of the Liver.

Diseases of the Heart.

Diseases of the Urinary and Generative Systems.

Diseases of the Skin—Ulcers—Senile Gangrene, Gout and Rheumatism.

The new treatment of Lumbago and other forms of Rheumatism, to which the author devotes his appendix, and which he designates as the *Thermal treatment*, consists simply in a new mode of counter-irritation. "It consists essentially in the instantaneous application of a flat iron button, gently heated in a spirit lamp, to the skin." The practice was first introduced by Sir Anthony Carlisle, and afterwards recommended by M. Mayor and Dr. Corrigan. The instrument and mode of application are thus described :

"The instrument that I employ is shorter and more portable than that recommended by Corrigan. The button, which is about half an inch in diameter, and a quarter of an inch in thickness, is connected by an iron shank, with a small wooden handle. The whole instrument resembles a very small hammer. The shank is curved nearly at a right angle, at about half an inch from the upper surface of the button. On heating the button, which is effected in about a quarter of a minute by the flame of a spirit-lamp, I place the end of the fore-finger on the curve; when the heat becomes uncomfortable to the finger, the instrument is ready for use. Dr. Corrigan's mode of applying it is to touch the surface of the part affected at intervals of half an inch, as lightly and rapidly as possible. I have usually found more service from very lightly drawing the flat surface of the heated button over the affected part, so as to act on a greater extent of surface. The cuticle is never raised, and the only visible effect is a slight degree of local redness, either in lines, according to my plan; or in circular patches if Corrigan's directions are followed."

Ten cases are given in illustration of the good effects of the *Thermal treatment*. It is proper to observe that exclusive reliance was, by no means placed in this means, but that the general condition was carefully inquired into and prescribed for.

For sale at Whiting and Huntington's.

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2.—AN INTRODUCTION TO PRACTICAL CHEMISTRY, including Analysis. By JOHN E. BOWMAN, Demonstrator of Chemistry in King's College, London. pp. 303. Phila., Lea and Blanchard; 1849.

This work will be found extremely valuable to the student of Practical Chemistry. It is not a treatise on the science, and does not, therefore, supply the place of other works. Its design is, to give plain and expli-

cit directions for the performance of experiments, with drawings of simple and easily obtained apparatus, so as to enable the student to manipulate by himself, if necessary, and thus to acquire that skill and confidence in himself, which practice alone can give. The directions for Analysis, with the descriptions of the different tests and reagents, are more full and satisfactory than in most works on Chemistry. The appendix contains a number of valuable tables, compiled with great care, many of which will be found very convenient by the physician.

For sale at Whiting and Huntington's.

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3.—CLINICAL MIDWIFERY, comprising the histories of five hundred and forty-five cases of Difficult, Preternatural and complicated Labor.—With commentaries. By ROBERT LEE, M. D., F. R. S. Fellow of the Royal College of Physicians, London ; Physician to the British Lying-in Hospital, and St. Marylebone Infirmary ; Lecturer on Midwifery at St. George's Hospital. First American from the second London Edition. pp. 238. Philadelphia, Lea and Blanchard.

No physician, in ordinary private practice, will meet, in a life-time, with very many cases of difficult, preternatural or complicated labor ; and yet every physician, however limited his practice or experience, is liable at any moment to be called to officiate, it may be, in the most rare and horrible cases that ever occur. While the vast majority of his midwifery patients will give him no trouble, it is his duty to be prepared for any emergency. No cases in professional life are more appalling, or require greater coolness, self-command and promptitude, than many that may be sprung upon us unawares in our daily rounds. The life of *two* human beings not unfrequently hangs upon the decision and action of the moment. The right thing must be done in the right way, or all is lost. We know of no circumstances that so strongly force upon the mind of the physician the fearful responsibility of human life he assumes, as those in which he may at any moment be placed as an obstetrician. He knows he *must* act, and how worse than culpable he is, if he knows not *how* to act.

The cases included in the Reports of Prof. Lee were observed during a period of twenty years, by one eminently qualified to profit by them to the utmost. The number of cases is large, and conclusions may be drawn from them which may correct many of the *impressions* of more limited practitioners.

The work is divided into eight sections, called Reports. Report first comprises "Observations on the present state of operative midwifery, and the History of eighty cases of difficult parturition in which the Forceps were employed."



In no particular is the difference between English, and we may add, American obstetricians and those of continental Europe shown so strikingly, as in the different estimate they place upon the use of the forceps. The former hold as an axiom the saying of Blundell, "a meddlesome midwifery is bad," and only resort to instrumental interference after nature has exhausted her powers, or some accident has occurred. The latter seem, many of them at least, to resort to the forceps whenever the labor is much protracted or difficult. They differ equally too, in their directions as to its use; the former seldom applying it unless the labor is so far advanced that the hollow of the sacrum is occupied by some aspect of the head of the fœtus, and an *ear* can be felt with the finger;—the latter frequently using it before the head has engaged in the superior strait at all. Craniotomy is much more frequently performed in England and America than on the continent. The induction of premature labor, so often induced with great advantage and comparative safety, is positively interdicted by many European writers of distinction, and seldom resorted to in European practice; we mean, of course, out of Great Britain.

We have condensed a table of the frequency of forceps and craniotomy cases in ten Lying-in Hospitals, with the following result.

|          | No. Cases. | Forceps | Proportion. | Craniotomy. | Proportion. |
|----------|------------|---------|-------------|-------------|-------------|
| Dublin,  | 27,853     | 41      | 1 in 679    | 167         | 1 in 167    |
| Paris,   | 60,148     | 202     | 1 in 297    | 34          | 1 in 1769   |
| Germany. | 17,053     | 642     | 1 in 27     | 30          | 1 in 568    |

Dr. Lee remarks that, "from these conflicting statements, it is clear that the first principles of Operative Midwifery have not yet been established, and that there is no other branch of surgery, at the present time, in such a rude condition."

Concise, but very interesting clinical histories are given of every case, not only where the forceps was used, but of the whole number reported. Report second is upon Craniotomy, with the circumstances that led to its performance. Report third treats of the induction of Premature Labor. Report fourth comprises the histories of one hundred and one cases of Preternatural Labors. Report fifth, sixty-three cases of Placental Presentation. Report sixth, forty-four cases of Uterine Hemorrhage.—Report seventh, thirty-five cases of Retention of the Placenta, and Report eighth, the histories of forty-eight cases of Puerperal Convulsions.

The careful study of these cases cannot fail to be of great service, especially to the student and younger practitioner. We therefore, most earnestly commend the work to the attention of our readers. It is for sale at WHITING and HUNTINGTON'S.

- 4.—**MANUAL OF PHYSIOLOGY.** By WILLIAM SENHOUSE KIRKES, M. D., assisted by JAMES PAGET, Lecturer on General Anatomy and Physiology at St. Bartholomew's Hospital. With one hundred and eighteen illustrations on Wood. pp. 552. Phila., Lea and Blanchard; 1849.

The authors of the above work are already favorably known to the scientific world by their physiological researches. Whether they were impelled to prepare the book before us by a supposed necessity for it on the part of students, we do not know. It is less full and complete than Carpenter and others, which may, to be sure, in some cases, be an advantage. Although it seems to be well got up, and on the whole a valuable book, we have been unable to discover any thing in its style, arrangement or completeness, to justify us in recommending it to our readers, to the exclusion of the ordinary standard works on the same subject. It will undoubtedly be found more valuable to students, who attend the author's lectures, or lectures in London, than to others.

For sale by Whiting and Huntington.

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- 5.—**LECTURES.**—Our space will not allow us to say all we would be glad to say of some of the Lectures we receive through the politeness of their authors. Their number forbids it, and besides, numbers of them are upon the same general subject. We are always happy to receive them, and will give them what notice we can.

Valedictory Address to the Medical Class of Transylvania University.—By E. L. DUDLEY, M. D., Prof. of Gen. and Pathological Anatomy and Physiology. Published by the Class.

This is a very readable and well written production. The pleasures to be derived from a conscientious and intelligent performance of professional duty, and a vindication of the claims of our profession to the veneration and respect of mankind, form the main topics of discourse.—It is written in a pleasant style, and abounds in apt quotations and striking illustrations.

Address to the Graduating Class of Rush Medical College, session of 1848-9. By DANIEL BRAINARD, M. D., President of the College.

Prof. Brainard, as every one must, almost from necessity, under similar circumstances, dwells upon the great profession which had just received within its pale those to whom his discourse was particularly addressed. In reference to it, he asks this great and important practical question;—"what has it done for the good of humanity?" He then proceeds, in a very clear and satisfactory manner, to answer this question, though not so fully and entirely as he might have done in a greater space. The ordinary quantum of good advice is, of course, not omitted. An ode written for the occasion, accompanies the address. Its author is HENRY A. CLARK, Esq.

6.—THE PLEA OF HUMANITY IN BEHALF OF MEDICAL EDUCATION. The Annual Address delivered before the New York State Medical Society, and Members of the Legislature, at the Capitol, Feb. 6, 1849. By ALEXANDER H. STEVENS, M. D. President of the Society, of the American Medical Association, and of the College of Physicians and Surgeons of New York, Member of the Philosophical Society of Philadelphia, &c. Published by the Society.

The impression which the above address made upon the legislators who heard it, is best shown by the following vote.

“IN SENATE, *February 12th, 1849.*

*Resolved*, That the Clerk of the Senate be authorized to purchase and furnish, for the use of the Senate, five hundred copies of the Annual Address, delivered before the New York State Medical Society and Members of the Legislature, at the Capitol, February 6, 1849, by ALEXANDER H. STEVENS, M. D., President of the Society.

By order.

A. M. CALHOUN, *Clerk.*”

We sincerely wish that all our readers could become possessed of this most admirable discourse. The age of the writer, the high position he occupies, not only in his profession, but also in social life, his intimate knowledge of the progress of medical science, and of the personal histories of many eminent men who have been its patrons or promoters, all incline us to receive whatever may fall from his lips or flow from his pen, with a peculiar respect akin to reverence. After referring in glowing terms of eulogy to several of the most prominent political men, who were active upon the stage of life about the commencement of the present century, as Van Ness, Clinton, the elder Spencer, and Chancellor Kent, he observes;—“these great Statesmen fostered medical education. The design of the present discourse is to vindicate their policy.

“The medical profession,” says he, “is less known, its anxieties, its labors, and the inconsiderable amount of its pecuniary rewards are less understood, than those of the other professions. Our avocations are chiefly amid scenes of sickness and misery, from which we rarely emerge to mingle with the masses of our fellow citizens, unless to unite with them for objects of general education and philanthropy.”

The following is so just and true, and withal, so forcibly expressed, that we are sure we shall be thanked for giving it.

“The science of medicine and the art of healing, are the accumulated experience and the wisdom of ages, beginning with epochs coeval with the latter historical times of the Old Testament. We claim to be the exclusive depositories of sound medical learning, because we alone seek it at the only true and legitimate sources. Every thing connected with the cure of disease has been laboriously examined. The smallest vessel, nerve, and fibre, has been minutely described, and changes, induced by disease, have been investigated by the aid of chemistry and of the microscope. In no other science has description advanced so far. All these facts are made available to the student by careful arrangement. The experience of any single individual, in comparison with the knowledge to be derived from a study of the experience of others, is exceedingly small, and can never render a person competent to practice medicine.—



The experience of a long life would not equal the amount of useful knowledge that might be imparted, by a competent instructor, in a single year. The self-taught physicians are scarcely taught at all; and would be still more ignorant if they did not obtain information in casual intercourse with men of superior education and attainments. No one can be qualified to take care of the sick, who does not add to his reading and oral instruction, a practical knowledge of the structure of the human body and bedside teaching. Experience alone is not sufficient; reading and oral instruction alone, are not sufficient. An uneducated sailor may pass his life at sea; yet it is well known he never learns to navigate a vessel. On the other hand, a young man fresh from his studies, however well educated in the theory of navigation, is not competent to take charge of a ship until he has added experience to learning. I would speak with no unkind feeling (for I entertain none) against ignorant and deluded men, who, without previous education, conceive themselves to be fitted, by their own natural talents and personal experience, to assume the responsibility of the health and lives of others; yet I cannot regard their acts as anything else than a reckless sacrifice of human life. Of that class who pretend to have received new light from other sources than observation, experience and the study of anatomy; or to possess specifics of marvellous power, no terms would be too harsh to characterize their base traffic in human life. The remedy for these evils, however, is not vituperation, but an enlightenment of public opinion. Without meaning at all to undertake this task, I cannot forbear to advert to one very prevalent error in regard to this matter. It is often assumed that the parties, interested in the discussion which the subject provokes, are the medical profession on the one hand, and the empirics on the other; and that it is a conflict of interests between them, in which the public have little concern. Such notions are not confined to the ignorant and vulgar; but are entertained by men of the learned professions and even by legislators. Medical brothers you well know—fellow citizens you ought to know better! The real parties are the public, and the regular physicians on the one side, and the charlatans and their abettors on the other.”

In speaking of what society owes to the profession, and of the institutions and charities of which they have been the founders, the author refers to the illustrious Pinel.

“It was my happiness to know, as an humble student might be supposed to know, and to visit, an illustrious professor, the great Pinel; he who first freed the insane from their manacles. Long afterwards, Esquirol, his successor, pointed out to me the very hall where Pinel, having first ordered the keepers to unbind the infuriated demoniacs, boldly went in among them, and said in effect, “Peace, be still,” and they obeyed the voice of kindness and intrepidity. Thus began a new era in the treatment of the insane.

It was this same Pinel, who, when the people of Paris were worshipping the Goddess of Reason, was accosted by a celebrated literary man, who said to him, “I am writing an Encyclopædia of Atheists, and intend to give you a place that shall be worthy of you.” “I thank you,” replied Pinel, “for the honor you design for me, and in return, let me say that in the second edition of my work on lunatics and idiots, which will soon be published, I shall not fail to insert your case.”

The present education of many of our medical students is defective,

and Prof. Stevens, to raise the standard of qualification, proposes a remedy which may, very probably, soon be adopted in New York, because her admirable and efficient school system will soon make her the most intelligent State in the Union, but which the forces of quackery would stave off for a long time in our great Ohio.

"The remedy I would propose for the evils I have been depicting, has for its object to bring a good medical education within the reach of a large number of students; to open the doors of our medical schools without charge, to all that have received the necessary preliminary education, to insist upon a longer period of study, and to make the examinations more strict.

I would have a distinct professor of agriculture attached to each medical school. The professors should be paid by salaries, leaving it to your wisdom to take any additional means best calculated to foster that great interest.

If New York opens her medical schools, the other states will follow her example; thus gentlemen, you will legislate in this great matter for the whole union,—for the whole continent."

We have given some little idea of a few points in this address. Its influence will be widely felt, and it will accomplish much good.

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7.—ANNIVERSARY DISCOURSE before the New York Academy of Medicine. Delivered in the Church of the Crucifixion, Nov. 8, 1848. By JAMES R. MANLEY, M. D. Published by order of the Academy.

This discourse was delivered on the occasion of the Anniversary of the Academy of Medicine of New York City. We have read it with care, for we expected a treat, and we have only to say that, on the whole, we have been disappointed. The writer is a very aged man, and this fact will secure his production from that severity of criticism which it might otherwise encounter. It will probably please the carping, fault-finding reformers, who imagine that the whole machinery of medical education is wrongly made and wrongly put together, and that nobody but themselves can "put things to rights," but we are much mistaken if its general tone and temper meet the full approbation of intelligent, thinking, practical men among us.

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8.—The following Pamphlets have been received, for which the Author will accept our thanks.

1.—Criticisms and Controversies relating to the Nervous and Muscular Systems.

2.—Experimental Researches on the Post Mortem Contractility of the Muscles, with observations on the Reflex Theory.

- 3.—Researches, critical and experimental, on the Capillary circulation.
- 4.—Researches on Meteorology.
- 5.—Contributions to the Natural History of the Alligator, with a microscopic addendum.
- 6.—Question of Originality settled. By BENNET DOWLER, M. D., of New Orleans.

These pamphlets are all republications from the New Orleans Medical and Surgical Journal, and the New York Journal of Medicine. Some of them we had seen before, and perused with much interest. The writer is one of those independent spirits who will think for himself, and will say what he thinks. It does not seem to disturb him much to be engaged in controversy, and he knocks and slashes about him, with the air of one who knows he is right and means to maintain it. He is, withal, we should judge, an indefatigable student, and many of his experiments and researches are extremely curious and interesting. With his ardent temperament, and considering the variety of subjects which engage his attention, it would be strange indeed, if he made no mistakes, or was always entirely consistent with himself. For instance, after what he has said in reference to vivisections, and experiments upon animals in general, and *frogs* in particular, we were rather surprised to find him comparing inflammation in the *Alligator*, to certain forms of inflammation in the *human subject*. But these are small matters. There is much in these pamphlets to excite thought and reflection. They are written with much ability, and we are glad that their circulation is extended by their republication. We have not the space now to give to each a separate consideration, and must content ourselves with this general notice.

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- 9.—ADDRESS ON THE PROGRESS AND DIGNITY OF THE MEDICAL PROFESSION; delivered before the Trustees, Faculty, Students and Friends of the Starling Medical College, at its Annual Commencement, February 17, 1849. By B. T. CUSHING, Esq. Published by request of the Trustees and Faculty.

The most enlightened members of the three learned professions generally do justice to each other. They know from their own experience that none can so well understand the nature and difficulties of each profession, as he who makes it a special study. We find few extempore doctors of physic among those learned in law or theology, and few lawyers and clergymen among the active practitioners of the healing art. There is enough in each to demand the utmost exercise of the highest powers, and he who does his duty to his own, has little time to become master of another; still, every man who lays claims to general intelligence, ought to inform himself as to the leading ideas and principles up-



on which all the professions are based. This is especially necessary in relation to medicine, because there is so much of unjust prejudice and ignorant clamor in the community, against it.

We have seldom listened to or read, a more just, liberal and truthful review of the actual condition of our profession, by one who was not of us, than in the address before us. It was listened to by a large and highly gratified audience, and the impression it produced will not soon be effaced. To the attractions of a vivid and flowing style, were added the graces of a fine delivery, and the call for its publication is less a compliment to the accomplished author than to the good taste of those who listened.

"This is emphatically," says our author, "an Age of Progress—an age eventful in great discoveries and rapid advancement. It is not an age of splendid achievement and remarkable genius. \* \* \*

Other eras have been fruitful in abstract speculation, elegant literature and heroic battles. Ours is marked by the rapid spread of thought, and the development of the individual man. At no period have the masses been so intelligent as now. Old governments and dead ideas are crumbling—the political and social heavens are "rolled together as a scroll," and from them we behold arise "a new heaven and a new earth," whereon is written LIBERTY. In physical comfort, too, there is a great advance. Perhaps in no century has the world been so well fed, clothed and lodged, as in this—in none perhaps have the rewards of labor been more abundant and certain.

But whilst we hear self gratulatory peals rising from all Christendom, as each new fact in science or art darts up like a rocket into the blue heaven, and sets men's minds confounded with wonder, there seems to be a vague complaint among the mass that Medicine has not kept pace with the general progress. We propose to enquire if this charge be just, and know no fairer mode of testing the truth, than by comparing Medicine with other arts and sciences, held in high estimation among us."

After reviewing briefly the two professions of Law and Theology, and showing that but comparatively little substantial progress has been made in either for centuries, he makes the following declaration in reference to Medicine, in the strict truth of which, we fully believe.

"Of all the professions, of all the arts and sciences, none have made, during the last two hundred years, more rapid and substantial progress.

There is no science to which so many new facts have been added, none in which a more practical application has been made of the teachings of nature. Chemistry and botany are her handmaids in the great work. In Anatomy, Physiology, Pharmacy and Therapeutics, rigid analysis and sound deduction have taken the place of vague conjecture and bold pretension; and loose theories and superstitious nostrums have given way to powerful simples, and a scientific adjustment of means to ends."

A rapid glance is then taken of the present state of the different branches of Medicine and Surgery, as contrasted with their former condition, and the assertion just quoted is fully proved. The writer has a very just view of the capabilities of our art. "Would you make her a

God, and place in her hands the Amreta cup of immortality ! In her most perfect state she cannot present an invulnerable shield before the destroying angel—for “there is a time appointed unto all men to die.”—The difference between ancient and modern physicians is clearly seen in the different modes pursued in the investigation and treatment of disease. The history of the Black Death in the middle of the fourteenth century is a good illustration of the former, and the Cholera, in our own days, of the latter.

The different theories and systems so fashionable at the present day, are well hit off in the following extract.

“It is a little marvellous how multitudes are captivated by the theory uppermost for the time being. They cannot comprehend a broad science working by established laws, and their imaginations are easily inflamed by nostrums, panaceas and magic cures. One year we have Perkins’ tractors—another, galvanic wires and homœopathy, hydropathy and Brandreth’s pills follow each other in rapid succession. The infinity of reputed cures, few of which can be closely scrutinized, makes the populace gape in open-eyed wonder. It seems to them as if the philosopher’s stone had been discovered, and the age of miracles renewed. And they so love simplicity ! “Each new truth is a unit,” cry they,—*therefore*, “all Medical truth may be reduced to a proposition !” “How captivating,” says one, “is the simplicity of Quacks ! A gardener has turned physician—he has made the discovery that all diseases proceed from butter cups. This is his theory. Every man, woman and child eats mutton, beef or butter, or drinks milk—all mutton, beef, butter and milk is produced from oxen, cows, or sheep—every ox, cow and sheep eats butter-cups with its grass; butter-cups are rank and acrid weeds—*ergo* all diseases proceed from butter-cups !” Nay, he proceeds a step farther—he has found a cure for all diseases. “Nature” says he, “must place the remedy near the poison, else her economy is at fault.—I have observed butter-cups grow near daisies. I have also noted that where oxen, cows and sheep, have eaten daisies, not more than one in twenty die of disease during that season. *Ergo*, my Medicated Extract of Daisies, is a cure for all diseases !” And thus our theorists work—each on his own peculiar plan; the Hygeist purges—the Thomsonian steams—the Hydropathist washes, with indefatigable industry. Sometimes they cure, and then what a blast fame blows from her trumpet ! Sometimes they kill, and then the patient’s constitution is, forsooth, declared to have been first ruined by the regular practitioners !—Who does not admire the ingenuity that discovered the wonders of red pepper and lobelia ? who is not fascinated with the expansive genius of Hahnemann, the author of the paradoxical maxim, “*similia similibus medentur* ?” who does not believe that what will give him a headache, will, if administered in infinitesimal portions, cure it; and that the only way to heal the bite of a large mad dog, is to be bitten by a small one.

It is alike the duty and desire of the Medical profession of the day to avoid these captivating theories, and make recorded experience their sole guides in the cure of diseases; and we regard this as an infinite step in progress. History has taught them that all other lights are false and dangerous. Bacon assured them that such speculations might be fertile of *leaves*, but far different means were required to produce *fruit*. He demanded that all the physical sciences—Medicine included—should be based on the observation of facts carefully discriminated and balanced. Wherever a sufficient number of facts concur, the law is established.”

The author concludes his lecture by an admirable and stirring appeal to physicians, and the graduating class. In the course of his remarks he refers to a very important, and too much neglected element in the character of the accomplished physician, viz., his personal manners.

“Another matter which should not be overlooked, is the CULTIVATION of the professional man. He should not be satisfied with learning and skill, if he accompanies it, as has sometimes been the case with eminent practitioners, by coarseness and brutality. The physician is, or ought to be, the most intimate friend of the family he visits—and how important it is to them that his manners should be courteous and his heart sympathetic. A dear member of the family circle lies upon the bed, perhaps of death. They

“———Watch her breathing through the night,  
Her breathing soft and low,  
As in her breast the wave of life  
Keeps heaving to and fro :”

What a ministering angel does the kind physician seem! How they hang upon his every word and action! What blessings overflow their lips if he can heal the sufferer; but if this cannot be, how delightful if as a christian he can breathe the last consolation into the ears of the dying, as a man of sympathetic heart, alleviate the woe of the living, and by the exercise of a practical common sense, advise in emergencies which so often succeed the departure of a head of the family.”

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## PART FIFTH.

### EDITOR'S TABLE AND MISCELLANY.

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COLUMBUS, MAY 1, 1849.

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CHOLERA.—We hardly know what to say to our readers in reference to this dire disease. So much has already been said and written, so many hypotheses have been broached, and so many plans of treatment recommended, that the young practitioner, especially, will stand in danger of becoming confounded by the multitude of counsel. We still hope that its visitation to Ohio may be light, and that it will not extend beyond its present locality at Cincinnati, but we hope against probability. The disease, at this present writing (April 25,) exists in Cincinnati, and prevails to a considerable extent. Until within the last two or three weeks,



it has been confined, almost exclusively, to those coming up the river in boats, but now cases are not uncommon, originating in the city. Last week there were nearly thirty cases, ascertained by a medical friend of ours, in private practice, and, we believe, nineteen deaths. At New Orleans, and so far as we can learn, at all the points on the river where it has prevailed since the first of March, the disease is manifestly abating. Its ravages, on the whole, have been much exaggerated.

While such a disease is apparently hovering over us, it very naturally occupies much of our thoughts and attention. The public mind, fortunately, does not seem to be much excited, and the public press, to their credit be it spoken, has been remarkably temperate and judicious. We have become, of late, so much accustomed to the sound that *cholera* does not carry that terror with it that it formerly did. There is at present, a kind of apathy on the subject, which is fortunate, but which, we opine, is not very deep.

It cannot be disguised that the present visitation has, as far as it has yet gone, been a very fatal one. A large number of those attacked, have died in spite of all treatment. This is accounted for, in part, by the terrible severity of the disease, and in part by the delay of treatment till too late. When there is a premonitory stage, all physicians of experience agree in saying that the disease is very manageable, and they differ very little as to the proper treatment to be employed. The *indication* is plain—*check the diarrhœa and prevent collapse*. After collapse has supervened, any case becomes extremely serious and doubtful. A great variety of treatment is recommended, which it is not our purpose to specify, but a large proportion of the patients die.

The principal object of this article, is to call attention to a mode of treatment in the collapse stage, proposed by Dr. Ayre, of Hull, England. He speaks very confidently of his success, and quotes 219 confirmed cases, 180 of whom recovered. The remaining 39, or fatal cases, are detailed in the London Lancet, in which he published his communications, and seem to have died "for cause." Dr. Ayre thinks his treatment will prove successful in *every case* of simple cholera, that is, unless there is some organic disease or peculiarity to determine its mortality. (doubtful) The following extract will give a very good idea of what this practice is, and of its application.

"The objections which may be offered against the use of calomel in small and frequent doses, are, I believe, fourfold; one being, that serious injury is to be apprehended from the very large quantity of calomel that must be exhibited, and that salivation must necessarily result from it; and the second, that such a practice is equally inadmissible, for the tender years of infancy and the enfeebled ones of old age; also that, thirdly, when the vital powers are in abeyance, and the pulse extinguished, stimulants are chiefly indicated, and should alone be resorted to; and that when recoveries take place from the pulseless stage of collapse, it must be owing to the stimulants bringing on reaction when given as

auxiliary to the calomel. These objections, which may naturally arise against the practice, and which, indeed, I have heard stated, I have not, fortunately, the need of rebutting; on the plea, that in whatever quantity the medicine be given, or however unsuitable to the age of the patient to whom it is given, its effects cannot be so injurious as the loss of life which the disease would otherwise inevitably induce. For, happily no injury of any kind ever results from the use of it when common care is employed in its exhibition, and no stimulants were ever auxiliary to the relief afforded by calomel to any of my patients, for none was ever given by me in the stage of collapse. Indeed it was a purpose I ever kept in view, and always acted upon, from the first to the last of 219 patients whom I attended in the disease, to observe the utmost simplicity in my prescription; and trusting as I implicitly did, to the power of calomel to remove the stage of collapse, I forebore using all collateral or auxiliary means, and I did so from a full consideration of the value of preserving my conclusions from the entanglement of those errors which result from a mixture of means. Calomel, therefore, in the minute dose of one or two grains, with a drop or two of laudanum to assist the stomach to retain it, and given every five or ten minutes, was my sole remedy in the stage of collapse, and in the cases which I now subjoin, will be found the proofs of its efficacy.

But in estimating the effects which may result from the free use of calomel, when given in the stage of collapse, there is a fallacy to which we are exposed in our reasoning upon it, from the assumption that its effects upon the system will be analogous to those which it produces upon it under other forms of disease; whereas, as I have already had occasion to observe, pending the duration of the disease no ptialism ever occurs during the exhibition of the calomel, or succeeds to its use, whatever may be the quantity given, or the length of time it is exhibited. In the hospital there was one of my patients, to whom it was found, from a very exact account that was kept, that no less than 580 grains were given; and one of my correspondents informed me that he had exhibited to one of his patients a larger quantity than this by 220 grains, and in both with the happy result of restoring early to health, and without the least appearance of ptialism. But though neither ptialism nor any other inconvenience is produced by calomel, when exhibited in the stage of collapse, yet if continued after this stage is wholly removed, its action on the system will be the same as it is in other diseases, and two or three grains will do then what as many hundreds could not do before. And in the cases presently to be given, it will be seen, not only with what freedom I gave that medicine, but also with what care I watched its exhibition, and attended to the lessening or suspension of it, as the collapse progressively subsided. By giving the remedy boldly, and yet cautiously, I was enabled to subdue the collapse, and by subduing the collapse to prevent the consecutive fever, and thus limit the duration of the disease to two or three days."

THE OHIO SCHOOL JOURNAL, *Edited by Asa D. Lord, M. D.*—This is the title of a monthly sheet devoted to the cause of Education and Common Schools, published by J. H. Riley & Co., of the city of Columbus.

It is a well printed and ably conducted journal, and richly deserves a much more extensive patronage than it receives. Dr. Lord is not only an enthusiastic, but a practical, educator, and no man in the state has done more, if as much, to improve and extend the blessings of education. The journal is only *fifty cents* a year, and we hope all our patrons will feel it their duty to subscribe for it.

MEETING OF THE OHIO STATE MED. SOCIETY AND CONVENTION, *June 5th, 1849.*—Before the issue of the next number of our Journal, these bodies will have held their annual session. We hope all our readers will feel the importance of being present. It is very desirable that there be a full meeting. It is true that the profession should do something for itself, more effectual than it has yet done. We have allowed ourselves to be assailed on all sides—the forces of quackery are waxing bolder and bolder, while we, trusting alone in our own integrity and love of truth, have stood idly by, without returning a blow. We ought at least to guard and defend our own citadel, if we do not deem it advisable to descend to carry on an offensive warfare.

Among other matters to be brought before the convention, will be the subject of petitioning the Legislature to pass a law prohibiting the adulteration of medicines in Ohio. Congress has done its duty effectually, and it only remains for the several states to meet the general law, by a corresponding one of their own. Who will take the initiative in this matter, if the profession do not? Who knows of or cares for the extent or consequences of the evil until they are enlightened by us? If anything is done to render the late law of Congress entirely efficient in Ohio, it must be done through the influence of physicians.

Many other subjects of great interest, will be brought before the convention. In no previous year, perhaps, has there been so much claiming our attention and action. There ought to be a full attendance, much larger than ever before. Instead of one hundred, there should be, and there would be, did physicians fully understand their own interests, *one thousand* members. There are probably nearly or quite three thousand physicians in our state. Every third man *could* spend a few days for his own improvement, and the good of the whole, if he would but make the effort; but every sixth, or even every tenth man would give us a larger number than has ever yet assembled. There is a weight, a moral power in these large gatherings, which no individual influence can command.

Will not our readers, one and all, take especial pains to be in Columbus on the 5th day of June next? Will they not also do what they can to extend the notice of the meeting, and to induce others to be present?

*Triumph of Vital Statistics.*—Mr. Finlaison calculated from the events of preceding years, what ought to be the number of deaths which the Registrar General would be called on to record in the first year of his operations. The result was 355.968. The observed fact was 355.956—error 12.—*London Athenæum.*

*Fat Children.*—In Wayne Co., Indiana, are a couple of children who are quite a curiosity from their size. They both belong to the same family. The elder, a boy, weighed 120 pounds, at 4 years, 9 months, and the younger, a girl, 56 pounds, at one year. The west is a great country.

MEDICAL SOCIETY of the State of Georgia.—We are pleased to record the evidences of an awakening spirit which seems to be everywhere animating our profession. A medical convention, composed of eighty delegates, met at Macon, Georgia, on the 20th of March, and after duly organizing, resolved itself into the "Medical Society of the State of Georgia." Dr. LEWIS D. FORD, of Augusta, was elected President; Dr. D. ARNOLD, of Savannah, 1st Vice President; Dr. THOMAS R. LAMAR, of Ma-



con, 2d Vice President; Dr. JAMES M. GREEN, of Macon, Secretary, and Dr. C. T. QUINTARD, of Macon, Assistant Secretary.

The Society will be represented in the Nat. Med. Association, and it has already taken measures to attempt to secure a regular registration of marriages, births and deaths throughout the State. May it never weary in well doing.

In Louisiana too, we notice by the N. O. Journal, a State Medical Convention was to be held on the third Tuesday in March. What the result has been, we do not know, but presume a State Society was formed there. There ought not to be a state in the union destitute of such a society, and very soon, we trust, there will not be.

*Collodion for Carious Teeth.*—A piece of fine cotton, thoroughly soaked in the transparent fluid, and then inserted into the hollow of the tooth, previously cleansed and dried, has been followed by complete relief to the toothache, and has maintained its position for several weeks.—*Amer. Jour. Med. Science.*

LIMESTONE WATER AND CHOLERA.—During the last epidemic, N. England almost entirely escaped. Dr. J. S. Jackson of Boston, attributed this immunity to the fact that N. England is mostly a primitive granitic region, and that the water is consequently pure. He traces the progress of the cholera, and finds that in most places where it prevailed extensively or severely, lime-stone existed in abundance, and that the water was consequently largely impregnated with the salts of lime.

How much this has to do with the exciting or propagating the disease, we cannot tell. The following interesting letter and remarks on this subject, we extract from the *Western Journal of Medicine and Surgery*.

"We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather for the greater part of the time has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves, which, at first, I supposed, were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter had been laboring in the vicinity of a spring from which he obtained all the water that he drank.

"A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality, while the city has been exempt from it, is a question not to be determin-

ed without further observation. But the fact is instructive, and, as bearing upon the local origin of cholera, I have deemed it worthy of being recorded."

It may be interesting to remark, in reference to the suggestion of Dr. Walton, that *cholera infantum* has prevailed with much less severity in Nashville since the introduction of hydrant water, as we were assured by physicians there some years ago. Nevertheless, we are not prepared to give our assent to the doctrine that cholera is produced by drinking limestone water. That it manifested a preference for limestone districts, in its former visit to our country, we had occasion to remark two years since, when speaking of the bearing of geology upon disease; but it does not follow that the water had any connection with it. We attempted to show that it was particularly in regions where the older, or blue limestone is the surface rock, that the pestilence was most fatal. But this is not more soluble than the other limestones. The water at Louisville is as highly charged with the grey limestone, as the water at Lexington is with the blue. In Louisville, the epidemic at its height carried off seven a day, in a population of 20,000; in Lexington, in a population of 5,000, sixty persons died in one day. At New Orleans, where there is no limestone, the disease was excessively destructive. At Cincinnati, Maysville, Lexington, and Versailles, all on the blue limestone, its mortality was great. At Nashville, again, at Murfreesbourg, Shelbyville, and Pulaski, it appeared in a malignant form, and they are all upon this rock. A few miles south of the latter places, the formation changes, and the epidemic was heard of no where beyond them. These facts are curious. They seem to show a relation between cholera and our geological formations; but they do not reveal the cause of the pestilence."

*One city coming to its Senses.*—We find in the New Orleans Med. and Surg. Journal the following resolutions, passed by the city authorities. They deserve much credit for even doing their duty in these degenerate days.

COUNCIL OF MUNICIPALITY, No. ONE.

Extract of the Sitting of Monday, 24th June, 1846.

*Be it further Resolved*, That the fact of announcing publicly, by posting hand-bills in public places, the sale of medicines for the cure of diseases, shall constitute a police misdemeanor.

*Be it further Resolved*, That a fine of twenty-five dollars shall be imposed on every bill sticker convicted of having posted up in one or several places, one or several hand-bills, offering for sale medicines for the cure of diseases.

[Signed]

PAUL BERTUS, President,  
A. D. CROSSMAN, Mayor.

A true copy :

*GUN-SHOT WOUND—narrow escape.*—Dr. William Lindsay, of Donnelsville, has sent us an account of a case of gun-shot wound that occurred in his practice some years since. On the 27th of Nov., 1844, he was called to see the young man who was the subject of the accident, a son of Mr. Jacob Snider. While blowing into a rifle which he firmly believed was not loaded, he had the temerity to place his foot or great toe upon the hammer of the lock, and springing it, the piece exploded. He immediately fell, as though dead, but soon recovered the use of his faculties and limbs. On examination, it was found that the two front incisors of the upper jaw were gone, and that the ball entering there, had passed

upwards, almost exactly in the median line, that is to say, the ball entered the socket of the right incisor, with a slight inclination to the left, perforated the septum and, entering the frontal sinus, made its appearance under the skin and periosteum, about three fourths of an inch above the superciliary ridge, and a few lines on the left of the median line. The skull was fractured by the outward passage of the ball, but the brain did not seem to be at all affected. There was some hemorrhage from the mouth and nose, and an oozing of blood from the inner canthus of the left eye. One tooth was discovered and removed from the wound some days after the accident, the other was not found. Small spiculæ of bone came from the wound at intervals, and some six weeks after the accident, Dr. Lindsay removed a portion of dead bone from high up in the left nostril. The ball was, of course, removed, and with it the "patch," and the wound properly dressed. No untoward symptoms occurred, and the young man speedily recovered.

The only remarkable circumstance about this case is, the very fortunate direction and lodgement of the ball. Had the young man's head been in almost any other possible position, he must have been instantly killed. As it was, the ball kept so near the median line as to avoid all important vessels, nerves and organs. It probably did not enter the cavity of the brain at all, else there would have been more disturbance of the cerebral functions. The young man had a most fortunate escape.

**LOCAL ANÆSTHESIA.**—The local application of Chloroform for the relief of pain, has now become quite common. In some cases it seems to deaden the sensibility so far as very much to diminish, if not annul the pain in slight surgical operations, but its chief utility, locally applied, will probably be found in its power of quieting pain. The following is quoted from the London Med. Gazette, in the Amer. Jour. of Med. Sciences.

"Mr. Higginson communicated to the Liverpool Medical and Pathological Society, the case of a lady, aged 25 years, in labor with her first child: the perineum had long been on the stretch by the head, which was tumefied by the pressure; the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a handkerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labor, was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in other cases.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorrhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similar benefit.

Dr. Watson mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not



been relieved by other treatment. He had also applied it to the surface of a large mammary abscess prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterizing the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera, when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue."

*Substitutes for Chloroform. Chloride of Olefant Gas—or Dutch oil.*—This substance is recommended by Mr. Nunnely of Leeds, as a substitute for chloroform. From his experiments, he is inclined to think it more effectual, pleasant and speedy in its effects than the chloroform.

*Naptha* has been used as an anæsthetic by Prof. Simpson. He says it is as powerful as chloroform, but not so pleasant, and its only advantage is its cheapness.

TRANSYLVANIA UNIVERSITY, MEDICAL DEPARTMENT.—The catalogue gives us the names of 120 students as members of the last class in this Institution, of whom 46, an unusually large proportion, were admitted to the degree of M. D. The Hon. Degree was conferred upon Dr. Jas. Rawlins of Ky., Dr. John Dorier of Mo., and Dr. Luke Munsell of Ind.

We understand that Profs. Mitchell and Bartlett have both resigned, and that the latter has accepted the chair vacated by Prof. Drake in the Louisville Med. Institute. Henry M. Bullit, M. D., formerly Prof. in the Med. Department of St. Louis University, has been appointed to Prof. Mitchell's chair, and the chair of Theory and Practice will be filled before the 1st of July next. The Faculty of this College is an able one, and they are determined to maintain their position in spite of some adverse circumstances which seem, just now, to surround them.

MEDICAL COLLEGE OF OHIO.—The catalogue of this Institution gives the names of 175 as the number of the last class, of whom 50 were graduates.

NATIONAL MEDICAL COLLEGE.—The editor of the Buffalo Med. Journal proposes for the consideration of the profession, the project of establishing a National Medical College of a high order, where scientific and professional studies could be pursued to any extent desired. We would like to see such an establishment, but fear that at present, the scheme is impracticable.

*Annual Tabular Sheet of the American Society of Dental Surgeons.*—"The design of this sheet," as stated on its title page, "is to show, by the collection of a sufficient number of facts, the relative frequency of Dental Diseases and success of Dental operations under varying circumstances of age, temperament, situation and physical character of the teeth." Three tables are given, with blank spaces for a large number of particulars, and each member of the association is requested to fill them up with the results of his practice. In this way, by analysis and comparison, a vast amount of valuable information is gathered, which is circulated for the benefit of the whole profession.

We think our Societies might derive a very useful and practical hint from this plan of our brethren, the Dentists.

CHINOIDINE.—This substance has attracted considerable attention of late. It may, undoubtedly, in many cases, supply the place of quinine, or at least keep up the impression upon the system which the quinine has produced. A pamphlet, giving a scientific description of the mode of preparing this substance, with its therapeutic applications and effects, has been sent us by William Weightman, of Philadelphia. The article he prepares is, without doubt, pure and genuine. We hope our readers will give it a trial. It can be obtained in Columbus of Denig and Son, Druggists, corner of High and Rich sts.

LENAWEE COUNTY MEDICAL SOCIETY, MICHIGAN.—Our friend and former pupil, R. B. C. NEWCOMB, M. D., has forwarded to our address, a copy of the Constitution and By-laws of the above society. They are of the right stamp, and show that the physicians of Lenawee County are actuated by the proper spirit. We predict that they will not only live in harmony among themselves, but will secure the respect and confidence of the community in an eminent degree. We have always observed that where the physicians quarrel, quackery abounds, and the public not only lose respect for, but confidence in, our whole profession. An honorable member of a well conducted medical society is very seldom a party to medical strife. His emulation is excited, but it is to excel in doing good. We wish the Lenawee Co. Med. Soc., and every similar one, abundant success.

MANUAL DELIVERY OF THE PLACENTA.—After quoting, approvingly, a portion of the able article on this subject, by J. Byrd Smith, M. D., of Cincinnati, in our January No., the learned editor of the Buffalo Medical Journal makes the following remarks. We commend them and the article beforementioned, to the attention of our readers.

“The foregoing method of delivery of the placenta, we have practiced for the last ten years, or more, and had supposed it was peculiar to ourselves. Being at variance with the rules laid down by the best authorities in obstetrics, we have heretofore avoided any publication of our ideas on the subject; we have, however, been in the habit of expressing our opinion of the advantages of the practice in familiar intercourse with medical friends, but not, so far as we know, with the effect of its adoption by any of them. Finding, now, the same views enunciated in a communication by a respectable practitioner, we embrace the opportunity to state the results of our experience, which is much greater than that of the writer referred to, having extended over a period of, at least ten years.

The course which we invariably pursue, is as follows:—

Directly after the fœtus is expelled, or delivered, and the funis severed, we grasp, with one or both hands, the uterus above the pubis, and excite its contraction, by manipulation with the fingers, through the abdominal walls, varying the degree of pressure with the tenderness over the abdomen, never, of course, using force enough to occasion much, if any pain. The uterus will be readily felt contracting under the fingers, until at length it becomes firmly contracted. We then intermit our manipulations, and, if convenient, it is well for an assistant to make firm pressure over the lower part of the abdomen. Next, seizing the funis, we endeavor to follow up with the finger to its attachment to the placenta. Often this will be easy, the placenta being entirely detached, and lying on the os uteri, or in the vagina. We never make much, if

any traction of the cord; but if the placenta be not readily felt, we proceed, with but little if any delay, gradually and carefully, to insinuate the fingers, arranged conically, into the vagina. In this procedure, we never give pain; if the patient complain in the least, we advance more slowly, or not at all. But in the vast majority of cases, the introduction of the fingers, and even the hand, (if it be not of a large size) is unattended by suffering. Generally, the fingers introduced will reach the placenta, or uterine contraction will be excited, which will bring the placenta within reach. If not, the hand is carried forward, provided no pain is occasioned. When the placenta is reached, we make careful efforts of extraction, hooking a finger over a portion of it, or plunging a finger into its structure. These efforts, and the presence of the hand, scarcely ever fail to excite contraction, and generally the necessity for continued manual delivery is slight—the accoucher has only to withdraw his fingers, or hand, before the advancing placenta, giving a little assistance if required.

The advantages of the delivery of the placenta in the manner just described, as it appears to us, are obvious. The patient is rendered comfortable, and in a condition to be put to bed, with less delay than when spontaneous expulsion is waited for. After the fœtus is expelled, there is always impatience and apprehension if the remainder of labor be protracted. The patient is fearful of something wrong, and will hardly be quieted by assurances to the contrary. The delay is vexatious to all parties. There is less danger of hemorrhage after the placenta has been removed, and the uterus has firmly contracted. Certainly, the manœuvre does not produce great liability to hemorrhage. Since we have pursued the plan, we cannot recall a single case in which hemorrhage occurred to a degree to excite anxiety. It is well known that when hemorrhage occurs, the placenta being retained, the most effectual method of arresting the flow of blood, is the manual delivery of the placenta. In those cases in which manual interference is required after waiting the length of time prescribed for the spontaneous conclusion of labor, the operation is rendered painful by the delay—the parts soon becoming sensitive and contracted. But directly after the delivery of the fœtus, while the parts are greatly relaxed, and the sensibility of the nerves obtunded, the manipulation is wholly unattended by suffering, provided proper gentleness be observed.

The only objection which seems to us to require notice, is the license which it may afford for roughness and force, by those who will look only to the end to be attained, without observing the requisite conditions.—These conditions are, that no violence is ever to be used, and no efforts made, or continued, which occasion pain. But this is an objection which will apply to almost everything excellent. Abuses furnish no valid arguments against what is good or useful if properly used; or, to speak more properly, the danger of mal-practice should not obstruct the advantages of good practice.”

*Cholera in Great Britain.*—Cholera continues to make but very slow progress in Great Britain. The subjoined table gives the number of cases and deaths up to the 21st of February :

|            | Cases.       | Deaths.    |
|------------|--------------|------------|
| London,    | 1,066        | 559        |
| Provinces, | 942          | 390        |
| Scotland,  | 10,552       | 4612       |
|            | <hr/> 12,560 | <hr/> 5561 |



*Tincture of the seeds of the Burdock in Psoriasis.*—Dr. J. F. Meigs, at a recent meeting of the College of Physicians, of Phila., stated that “a practitioner from the interior of the state, Dr. Riter, mentioned to him, recently, that he had succeeded in curing many cases of psoriasis by a saturated tincture of the seeds of the burdock. He had suffered, himself, for many years from psoriasis upon his legs; at the suggestion of a non-professional acquaintance he was induced to make a trial of the burdock. He used a table-spoonful three times a day for several months, when an entire cure of the disease was effected.”

*Medicines for Cholera.*—The Central Board of Health of Dublin recommend that each visiting physician, instead of writing prescriptions, should carry a small medicine box containing,—

“Carbonate of ammonia, in waxed papers, each paper containing 40 grains, with the following directions on the outside:—“Dissolve this powder in half a pint of water, give two table-spoonful every hour.”

Compound powder of chalk with opium—(Pulv. cretæ c. opio,) in packets, each paper containing 10 grains of the powder, with printed directions:—“One powder every half hour until the looseness ceases.”

Pills of powdered opium, each containing one quarter of a grain of opium, and two grains of powdered ginger, made up with oil of peppermint, with a printed label:—“Opium pills, one every half hour until the looseness ceases.”

Pills of mercury and opium, each containing one quarter of a grain of calomel, two grains of hydrargyrum c. creta (mercury with chalk,) and a quarter of a grain of opium, made up with oil of caraway, with a printed label:—“Mercury and opium pills, one every half hour.”

Bottles (one or two ounce phials, with cork stoppers.)

1. Containing—Tincture of opium (laudanum.)
2. “ Hoffman's liquor.
3. “ Tincture of rhatany.
4. “ Creosote.

Along with the box should be carried a small jar of strong brown mustard.

The commissioners do not recommend that fluid applications of any kind should be employed in frictions on the body or limbs, as the cold consequent on prolonged exposure and evaporation more than counterbalances any supposed good effect from friction, which, if at all used, should be made merely with the warm hand, without disturbing the bed clothes. The commissioners also advise that when patients suffer from thirst, they should in general be permitted to drink freely, as experience shows that the denial of drink does not check vomiting, while it increases very much the suffering of the patient, from the burning thirst that so often accompanies the disease.”

*PATENT AND SECRET MEDICINES.*—It is amusing as well as melancholy, to read over in the public newspapers the advertisements of the unprincipled dealers in secret medicines. Assurance, impudence and falsehood can scarcely go further. One would suppose that the public, seeing so many and such contradictory statements and promises, would have, at least as much sense as the negro when told that Jonah swallowed the whale, that they would discredit them all; but no, the more falsehoods that can be crammed into a small space, the more noisy and importunate the quack or the vender, the more oily do their throats become, and, like Oliver, they are constantly “asking for more.”

Take up almost any newspaper, and observe how large a portion of its columns is prostituted to the unholy purposes of deception and humbug. Several lie before us. Let us examine one or two. The first is a leading daily paper of considerable circulation and influence. It contains in all twenty columns, fifteen of which are devoted to advertisements of all descriptions. Of these fifteen columns, about two and a half herald the praises and sound the virtues of quack medicines, and this is rather less than the usual proportion. First, we have "Ten reasons for using Dr. *Bragg's* (a capital name,) sugar coated pills,"—then "A good medicine," next "Be wise in time, 'tis folly to defer;"—"Vegetable vs Mineral," "Read, mark and partake," (especially the partake!) and so on.

The next paper is a weekly from one of the principal cities of Massachusetts. Although they *brag* enough there, in all conscience, we do not know that *Doctor!* (save the mark!) *Bragg* has extended his operations so far. Though the whole world, the medical faculty included, are generally convinced of the transcendently miraculous power of numerous nostrums, it is only now and then that one pushes its way beyond a comparatively limited circle. The paper referred to has twenty eight columns, only nine of which contain advertisements, and over *four* of these are paid for by nostrum mongers. There is old Townsend with his Sarsaparilla, belaboring young Townsend and his Sarsaparilla. There is young Townsend's "Tricks of Quacks," and old Townsend's "Reply to Tricks of Quacks." They each make the other out a precious villain, and we believe them both. Then there is "Consumption cured" and "Fits! fits!" in a black ground like a coffin. Ten thousand persons have been cured by one remedy, and ten thousand more are *wanted* to be cured by all the rest. So it goes—a regular trade of humbug and cheater— and other wise respectable men are found in every community, ready for money to lend themselves to the fraud.

There is one establishment in Columbus for the exclusive sale of patent and *family* medicines. We like this plan. Isolate the business.—Respectable druggists should have nothing to do with it. Let it be by itself, and the very multiplicity of its cure-alls and flaming hand-bills becomes suspicious, as well as ridiculous. We suppose that some honest men engage, thoughtlessly, in this highly dishonest and disreputable traffic;—we suppose that more don't think of or care for, consequences, if the money comes,—but for ourself, there is no honest calling, however humble or degraded, that would not be preferred.

We hope to see the time, and that shortly, when every druggist who deals in secret nostrums, will be shunned by our profession, and left to depend upon the patronage he prefers.

OUR JOURNAL.—The present No. of the Journal contains less original matter than usual, because several of our friends failed to redeem their promises in time. We beg our correspondents to remember two things—*1st*, that there is little danger of our being over-stocked with original articles, and *2nd*, that the *earlier* they are sent in after a number is published, the better. We also wish to remind them that we are obliged to furnish matter for a whole number every two months, and that we hope they will not be wearied in well doing. Our labors as editor, are as much a work of love, as theirs, as contributors. We, however, can find no fault thus far. We have met with nothing but kindness and encouragement on all sides, and we hope to be able in future, better to deserve them than heretofore.

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## PART FIRST.

### ORIGINAL COMMUNICATIONS.

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ART. 1—*Contagion of Erysipelas with Cases.* By S. P. HILDRETH, M. D., Marietta.

On the 18th of January, 1849, Mr. G. C., a young man of 25 or 26 years, landed from a steamboat at Marietta; being very ill, he put up at the house of Mr. D. R., a family connection. I was called to visit him, and found the patient suffering from a large diffused abscess, occupying the whole space under the right pectoral muscle, and extending into and beyond the axilla. The contents had found a partial discharge the night before, from an opening made by the absorption of the integuments. He had experienced high fever and acute pain for three or four weeks past, and now labored under a cough, with free expectoration, apparently occasioned by the absorption of pus. On stripping him to examine the abscess, his flannel shirt and other body garments were found saturated with matter. The offensive garments were removed, his body washed, and clean clothing put on. He supposed the abscess was occasioned by spraining the muscles of the arm, in handling the heavy oars of the flat-boat in which he had descended the river to New Orleans, with a load of produce. Of this, however, he was uncertain, and subsequent events showed it to be phlegmonous Erysipelas. As new abscesses formed, they were discharged from time to time with the lancet. The cough continued with night sweats, assuming the form of hectic fever. This, however, gradually gave way as the formation of pus ceased, and in about ten days he was able to bear a removal to his home in the country, where he slowly recovered his health, but leaving his right arm lame and weak for several weeks.

His friend, Mr. D. R., who had assisted in dressing the abscess the day of his arrival, had, at the time, a small ulcer, or sore, on the index finger of his right hand, from some trifling

injury. The next day after, it began to inflame and become painful, following up the track of the lymphatic vessels to the axilla : occasioning tenderness and severe pain in the pectoral muscle, extending round to the fibres of the trapezius, where they are inserted into the spinous processes of the superior dorsal vertebræ. There was more tumefaction here, than in the pectoral muscle, for a few days—at the same time chilliness was felt, followed by high febrile action. I saw him soon after, and hearing the facts accompanying and preceding his illness, attributed the cause of his sickness to the absorption of diseased pus from the abscess of his sick friend. Tepid cataplasms, composed of wheat bran, and a weak solution of potash from wood ashes, were applied to the affected parts, with the hope of correcting the absorbed virus. He took calomel and cathartics to lessen the fever and alleviate the swelling and pain, which, however, gradually increased until the sixth day, when it was found necessary to bleed to the amount of twenty-five or thirty ounces, which was followed by a remission of the most urgent symptoms, and a free perspiration; although the fever and pain abated, there was still a steady progress in the suppurative process going on, and the 3d day of February, the fifteenth day from the infection, the abscess was opened, just under the fold where the pectoral muscle rises upon the humerus, and discharged several saucers of matter, apparently of a bland character. From this period he began gradually to convalesce ; but did not return to his occupation in a dry goods store, until the first of March.

Being aware of the infectious character of the discharge, I had been careful in washing my hands with soap and water, after each dressing, lest any of the contagion should be communicated to some one of my other patients. On the 12th of February, a little before noon, I was attacked with a chill which lasted three or four hours, followed by high fever, some head ache, and severe pain in the loins. There was soreness and rigidity in the muscles of the neck, especially on the left side, and an increase of cough from a catarrhal affection, which had been on me for two or three weeks, and to which I am subject in the winter months. Feeling unable to prescribe for myself, my friend, Dr. R., was called in. The weather for some days previous, and at this time, was very cold, and it was thought that such an addition as had been made to my catarrhal affection, would result in Pneumonia. The pulse was at 120 that night and for two or three days after, attended with watchfulness and slight delirium. The next day the cough and expectoration had not much increased, but there was more rigidity in the muscles of the

neck, with some swelling of the lymphatic glands, below the left ear in the course of the mastoid muscle. It was sore and tender between the ear and mastoid process, with patches over the hairy scalp, which were thickened and irritable, especially on the margin of a large eschar over the right parietal bone; from an abscess when a child. I now began to suspect that the cause of my illness was Erysipelas, inoculated from a small particle of the matter lodged under the nail of the index finger of my left hand, and applied to a scaly humor behind the ear, which had troubled me with its occasional itching for several years. On the morning of the 14th, the fiery eruption of Erysipelas had covered all the back of the ear, and in a few hours enveloped the whole of that organ, which had swollen as thick as one's hand, and was rapidly spreading on to the temple and cheek. There was now no longer any doubt as to the character of the disease, and the lunar caustic was freely applied in substance. Cloths wet in ice water, made still more cold by enveloping the tin vessel with a layer of snow and salt. These were changed every ten minutes, being sometimes in a frozen state. The most convenient and useful application, was a bladder filled with snow—which at that time was abundant—as it did not saturate the neck and pillow with moisture, like the cloths wet with ice water. For the application of ice and snow, I am indebted to the article of Dr. Davis, published in the November number of this Journal. Free catharsis was kept up with pills of aloes, rhei, and calomel; but the most effectual relief was obtained from senna and salts, as this removed the torturing pain of the loins. For four nights and days I was without sleep, or was not aware of any forgetfulness. The ardent thirst was allayed most pleasantly and effectually, by small pieces of ice, allowed to melt slowly in the mouth, and pass gradually into the stomach, a luxury I often allow my patients in acute fevers. Forty-eight hours of the cold applications subdued the Erysipelatous inflammation, and I willingly compounded with the disease, with the loss of the whiskers on the left side of the face, and part of the hair over the temple. The ethiopian dye of the cuticle peeled off in a few days, and in a little more than a week I was able to appear abroad and visit some of my patients.

Amongst those who had received the attention of my friend Dr. R., during my illness, was a lady on whom I had waited in childbed on the 8th of February. Some hours after the delivery, she was attacked with severe flooding which was suppressed by the use of the sponge tampon. It was followed by puerperal fever, attended with colliquative diarrhœa, of



the most alarming character. I saw her for the first time since the 12th, on the 21st of the month. By a course of alteratives and tonics, assiduously pursued by my friend, she had considerably improved, but was still in a very doubtful condition, when on the 27th of February, it was ascertained that Erysipelas had made its dreaded onset, in addition to her other disease. It first appeared on the inside of the right thigh, near the vulva, and spread gradually over the nates of both sides as high up as the loins, when in about four days its further progress was arrested by the application of Nitrate of silver and cloths wet with cold water. She was at this time under the full influence of the alterative course, and either on that day or the next, a decided mercurial action was set up in the salivary glands and mucous membranes of the mouth. From this period all the symptoms improved, and she was gradually restored to her ordinary health. It yet remains a doubt in my mind, as to the mode in which the Erysipelas was communicated to this woman. Two days before my own attack, I used the catheter on Mrs. W. It was ten days after this before I saw her again — on the 21st. Four days subsequently, or on the 25th, the eruption was first noticed by the nurse, on the right nates. The fever had ceased and the eruption dried up on myself, three days previously to my seeing her. My friend Dr. R., had visited, every day, the patient from whom I took the disease, as well as Mrs. W.; but this man had no eruption, the type being entirely phlegmonous or suppurative, as well as that in Mr. G. C., who came back with the disease, from his voyage down the river. He was careful not to touch any of the discharge, or even to assist in dressing the abscess, in the course of his visits, putting that service on his wife. How, then, could the disease have originated? Was it sporadic, or communicated to Mrs. W. by one of her physicians? During the following spring months, several cases of Erysipelas appeared, which were treated successfully by Nit. silver, ice water, alteratives and cathartics. The malignant forms requiring stimulants and tonics, has not visited Marietta, but has for several years prevailed in the counties north of us, and been described by Dr. Brown in his valuable and interesting article, published in the fourth number of this Journal.

ART. II.—*Typhoid Fever*.—Its symptoms, course, and treatment, as it presents itself in North Alabama. By JAS. KYLE, M. D. Rodgersville, Ala.

An idiopathic fever, having all the characteristics of typhoid fever of the north, save the rose colored eruption of the skin, has prevailed of late years in this section, to an alarming extent—sometimes as an epidemic, and not unfrequently as a sporadic disease. I say of late, because it is only of late years, that the attention of the medical public has been extensively directed to this form of fever as it prevails in the south. There have doubtless been sporadic visitations of this disease ever since the settling of the country; but they have not been (until recently) sufficiently frequent nor grave, to elicit that attention from the profession which their importance demands; but as these sporadic cases became so frequent, and general in some sections, that they could no longer be regarded as sporadic—but as epidemics, in the true sense of the term, a goodly number of the profession in sections where these epidemics became quite rife, were forced to regard this form of fever as very closely allied to typhoid fever of the north, if not identically the same—modified by southern influences.—And here permit me to remark; that one of my principal motives in calling the attention of my professional brethren to this fever, is, that it may be the means of eliciting abler pens than mine in the investigation of the pathology and treatment of this disease, in the south.

Where it assumes an epidemic character, it is almost always mainly confined to the blacks, and to the whites, who are pretty constantly exposed to some inappreciable influence—perhaps the effluvia from the sick. During the prevalence of such epidemics among the blacks, there are frequent sporadic cases among the whites—cases which seem to spring up in different sections, under different local conditions, and apparently observing no uniformity of barometrical or other appreciable conditions of the atmosphere—and yet there is not unfrequent evidence of some atmospherical distemperature, as is evidenced by the prevalence of some other epidemic disease, either as a harbinger, or concomitant of typhoid fever. Dysentery and influenza not unfrequently precede, and sometimes are concomitants of this fever.

In some localities there seems to be some operative endemic influence, which partially enstamps the peculiarities of its contour on typhoid fever—modifying in a striking manner its symptoms and course, and calling for a correspondent modifica-

tion in treatment. Thus, in localities where malarious intermittents are rife, the two diseases will for a while be so blended together, that were it not for the prevalence of typhoid fever in the same vicinity, it would not be easy for a short period, to diagnosticate correctly. Sometimes, in malarious districts, there will be in the course of 24 or 48 hours, one or two well marked rigors, followed by a paroxysm of fever—and the rigors strictly observing the periodicity of a quotidian or tertian, depending on the prevailing type of the intermittent of the country.

The partial subsidence of the fever, may or may not be followed by a diaphoresis, which, however, fails to afford relief to the patient, or to modify in any striking manner the symptoms or course of the disease. These perturbations may continue for sometime, until the latter, as it were, are swallowed up of the former, or are broken up by the common antiperiodic. In neither case is the identity of typhoid fever entirely effaced—the typhoid symptoms becoming more and more developed till there can be but little difficulty in diagnosis.

*Symptoms and course.*—The duration of the premonitory symptoms of this disease varies from one to several days—depending on the condition of the patient and the character of the prevailing epidemic. Among the symptoms, are, lassitude, loss of appetite, pain or giddiness of the head, alternate rigors and flashes of heat, gastric oppression, cool extremities, clammy tongue, covered with a whitish yellow fur, the point generally acuminate, red and fiery, which forms a most striking contrast with the yellow whitish appearance of its body.

The patient sometimes complains of soreness in the extremities and muscles, as if bruised. In the mean time, the rigors becoming more and more obscure, until they are not felt by the patient, except a slight coolness, which the patient may not be sensible of. The fever, thirst, loss of appetite, heat of the skin, confusion of intellect, muscular debility,—derangement and vitiation of the secretions—cutaneous, buccal, biliary, alvine, and urinary—all give evidence too plain to be misinterpreted—of a fixed, pervading, and deteriorating agent—as it were, saturating the system, and sapping the foundation of the whole organism. But to specify. *Vascular system.*—Early in the disease the pulse becomes quick, sometimes feeble,—again slightly corded, generally becoming more frequent and feeble as the disease advances; though sometimes it is slow, feeble, and soft at the onset, becoming more hard and tense, and slow, as the prostration is increasing,—an unfavorable omen this. The heart's action is at first laborious, but soon becomes feeble, and the sounds obscure and faint, as if they



were dying away in the distance of space. Occasionally the pulse increases in frequency and feebleness, till they can neither be counted nor felt.

*Respiration*.—Breathing is slow, somewhat laborious, and slightly sibilant for the first few days ; but as the disease advances, it becomes more sibilant, commingled with sub-mucous and mucous rhonchi.—In short, bronchial congestion and bronchitis are now superadded to the original disease.

*Head*.—There is more or less obtuseness of hearing—wandering delirium, which increases as the disease advances ; and in malignant cases, the eustachian tube and parotids are apt to suppurate. The delirium, however, is seldom boisterous or continued—the patient when aroused recognises his friends and will answer a few questions rationally ; the mental aberration soon returns, even in the middle of a half finished sentence.

*The Chest*.—Pneumonia, bronchitis, or pleurisy is a not unfrequent attendant which admonishes us of the necessity of frequent exploration of the chest—by the physical signs.—During the prevalence of typhoid fever, I have known a few cases of pneumonia typhoides to be ushered in with such overwhelming violence of the nervous and vascular systems, that the patient died in 2 or 3 days, of profound pulmonary congestion, which no therapeutical agent could remove.

*Tongue*.—The secretions of the buccal cavity become more tenacious and scanty as the disease progresses, till the tongue becomes quite dry and of a brownish colour—like it had been dried in the sun ; and the edges and apex become more red and fiery. The thirst now is quite urgent, especially for acidulous beverages.

*Temperature animal*.—The heat and dryness of the surface generally augment with the progress of the disease and the increase of prostration—except in malignant cases, in which, the skin is not unfrequently below the natural temperature, shriveled or relaxed, so that the cutaneous transpiration seems not to be under the influence of the organic functions—but merely obeying the mechanical law of endosmose, owing to the relaxed and enervated condition of the nervous and cutaneous systems. In such cases the tongue is most commonly moist and somewhat lobulated, throughout the whole course of the disease.

*Abdominal Complications*.—Concerning these complications, I would be understood. The bowels for 2 or 3 days after the onset of the disease, are rather constipated, though occasionally the disease is ushered in by diarrhœa or slight looseness of the bowels. This, however, is the exception.

After the bowels have been opened a few times, there is an unusual susceptibility to the influence of even mild purgatives, so that considerable discrimination in the choice of purgatives is indispensable to the safety of the patient. This morbid susceptibility to the influence of purgatives, constitutes one of the most striking characteristics of this form of fever. I have known a mild dose of calomel to produce the most violent diarrhœa and prostration; so that opiates, astringents, and stimulants had to be used freely.

These untoward effects, I have witnessed too repeatedly to regard them as mere coincidents. I am aware that Prof. Dickson and other authors, attach much importance to the purgative plan of treatment. With all due deference to their professional attainments, I must say that great caution is necessary in the use of these valuable therapeutical agents, at least in this region.

*Characteristic eruption.*—The rose colored cutaneous eruption so much spoken of by northern authors, but seldom, if ever, occurs in the south, so far as my observation will enable me to judge. I am not quite sure that I have ever seen this so called characteristic eruption—as it is described by northern authors. I have seen a few times, an extremely small red colored eruption, scattered sparsely over the body, chest, and neck—scarcely as large as pin points. I have, however, not unfrequently, seen small transparent vesicles, called sudamina, which supervened most commonly between the 12th and 16th days.

*Tympanites* is a symptom of grave importance, and should not be confounded with fulness of the abdominal viscera, depending on congestion of those organs. In the latter case the abdomen will be soft, fluctuating, and not tender on moderate pressure, nor resonant on percussion; whereas, in tympanites proper, the abdomen will be tympanitic, and tender on pressure; especially when made over the iliac region, the bowels being distended with flatus—giving out a gurgling sound on firm pressure. There is nearly always more or less pain in the bowels during the course of the disease; the pain sometimes amounting only to a sense of painful distension or uneasiness—apparently from mere animal distension. The accumulation of flatus, I have known so great as to cause considerable dyspnœa, and accelerated pulse, which were much relieved by the administration of a carminative enema.

*Alvine evacuations.*—These are of every grade of color, hue, and variety of appearance, sometimes green, ash colored, mucous, sanguineous, colliquative; and occasionally of a muddy appearance, like coffee grounds; and in a few cases, of a

natural appearance for some 8 or 10 days, after which, they become watery and usually slightly tinged with yellow. In a few cases, of a malignant character, melæna has been super-added to the abdominal complications. This symptom, though generally regarded as portentous of almost certain fatality, I have not found so grave as some represent it to be. Occasionally a little preceding and during the exoneration of the bowels, there will be distressing tormina, with dysenteric discharges.

The duration of this fever varies from 14 to 40 days—the most usual period till convalescence is fairly established, is about the 14th or 16th day.

*Pathology of the disease.*—Concerning its pathology, I have but little to add to what is already known. Judging from symptoms and effect of remedies, I would be inclined to think that the first morbid impression is made primarily on the nervous and vascular systems; and that local disease of various organs ensues consecutively. The small bowels and spleen I believe are nearly always deeply implicated during the course of the fever. There is generally the strongest evidence (so far as symptoms can point out a lesion) of inflammation and frequent ulceration of the small bowels; congestion of the spleen; and of the lungs. Enlargement and some tenderness of the spleen, I do not recollect to have ever seen absent in a single well marked case of typhoid fever.

*Treatment.*—The first indications seem to be, to evacuate the bowels, quiet the nervous system, restore innervation, and arouse the secretions, which are greatly deranged and partially suspended. To fulfil this indication a mild dose of calomel and rhubarb, followed by a dose of Seidlitz powders, in the course of 3 or 4 hours, will be a suitable combination. To aid in arousing the secretions of the liver, bowels, and skin, the warm bath is one of the most efficient agents that can be employed. The congestion of the viscera, and enervation which are so frequent attendants; and the stunned and almost paralysed condition of the capillaries—will be greatly relieved by the warm bath. The patient should be immersed in warm water, in a vessel of adequate capacity, (all but the head), and suffered to remain in it as long as he feels comfortable; then taken out and wiped dry and put to bed as soon as possible. Should the weather be cold, the temperature of the room should be agreeably warm; but the most strict attention to free ventilation should be enjoined.

Concomitantly with these means, the administration of some gently stimulating diaphoretic, as spirits nitre dulc. and seneca snake root, will perhaps, be one of the most suitable combi-



nations that can be given. These means will be very apt to be followed by a genial glow of warmth, gentle perspiration, and refreshing sleep—no unwelcome visitors to the sick man. I have so repeatedly resorted to these means, and generally with success, that I feel confident typhoid fever may be arrested, in its onward march, in the majority of cases, in the course of a few days. If the warm bath is not resorted to, till the surface becomes hot and dry, the affusion of cold water to the extremities and head, will afford the most certain and speedy relief. If there is no inflammatory complication, nor congestion of the chest nor abdomen, the affusion of cold water to these parts, will greatly facilitate the reduction of animal heat; and aid materially the gentle mercurialization of the patient—which if accomplished early in the disease, will rob it of half of its terrors, and not unfrequently rescue the patient from imminent danger. Bronchitis is so apt to supervene during the course of the disease, that much caution in the application of cold water to the chest, should be observed. When the patient is quite feeble and the temperature is above the natural heat, tepid sponging with water and ardent spirits, will be both grateful and refreshing. When the heat of the skin is great, thirst annoying, patient restless, pulse tense and somewhat full and accelerated, the plentiful affusion of cold water to the head and chest (when there is no thoracic complication) will be the best anodyne and sudorific that can be employed, especially if aided by the free use of citrate of potash, in the form of the effervescing draught.

*Venesection.*—There is so much discrepancy among the written authorities concerning this valuable therapeutical agent, that it is difficult to decide from them, when and to what extent it ought to be employed. This difficulty arises from epidemic and endemic influences, climate, age, and constitutional peculiarities, and local complications. No rule of uniform application, regulating the quantity or frequency can be given. From no inconsiderable experience in this disease, (as it prevails here), I would bleed early, when the patient is of good constitution, pulse strong and accelerated, temperature of the skin high, with considerable sanguineous determination to the head, or any important organ—threatening inflammatory congestion. In such cases, a moderate abstraction of blood will be advantageous, in unloading engorged organs, equalizing the circulation, and removing cerebral oppression when present. As a general rule, venesection is neither called for nor tolerated. The disease cannot be arrested by the lancet. The tendency of this disease to prostration admonishes us of the necessity of great caution in the use of the lancet.

*Topical depletion.*—Of this mode of depletion, I can scarcely speak in terms too commendatory---as a most efficient means to relieve congestion or inflammation---whether of the head, spine, chest, or abdominal viscera. I prefer cupping which should be employed freely and vigorously, whenever there is evidence of any organ suffering from irritation and sanguineous determination.

*Of Poultices.*—These add greatly to the comfort of the sufferer, by their emollient and anodyne effect, when applied over the suffering organ, as over the bowels to relieve irritation and diarrhœa—to the chest when there is merely bronchial congestion or irritation. These topicals, however useful, should not supplant the more powerful revulsives.

*Blisters.*—As a means of removing inflammatory congestion, whether in the head, chest, or abdomen, and of equalizing nervous distribution, extensive blistering, after poultices and cupping, will be found our most prompt and efficient agents.

*Diarrhœa.*—This troublesome and almost constant attendant on typhoid fever demands prompt and suitable means for its removal. Alterative doses of mercurials, in combination with mucilaginous drinks, astringents, opiates, poultices, cupping and a large blister when the abdomen is tender on pressure, constitute the proper means in the early stage. When mercurials have had a fair trial, and they fail to control the diarrhœa (which they will frequently do) it would be rashness to push them. I have so often known them fail, even when combined with large doses of opium and powerful astringents, that I always desist, after having given them a fair trial. In such cases, I have generally been able to control the diarrhœa, simply by omitting the mercurials, and continuing the same astringents and opiates, with the addition, when the patient became quite weak, of stimulants.

Although gentle mercurialization is desirable, and ought always to be attempted, yet it not unfrequently happens that the most persevering use in the remedy, will not only fail to control the diarrhœa and to ptialise the patient, but will seem to dry up the salivary secretions, and increase the diarrhœa; the tongue becoming dry and parched, giving less and less evidence of mercurialization. In such cases I have repeatedly known the gums to become swollen, the tongue moist and gentle ptialism fully established, by suspending all mercurials, and locking up the bowels for 12 or 16 hours. In all cases in which mercury has been perseveringly used, and fails to have its constitutional effect, the tongue and salivary glands becoming drier under its use, it ought to be suspended. It sometimes happens that during the use of mercurials and astringents the

tongue will become dry and more fiery at the point and edges; the diarrhœa, if not increased, will persist, and convalescence seem to have been established. It now becomes important to arrest the diarrhœa, or the patient will die of exhaustion or intestinal ulceration. In such cases, the following formula will have a most happy effect, namely :

℞ Compound spirits of lavender, ʒi.  
Mucilage gum Arabic, ʒiv.  
White Sugar, ʒss.  
Spirits Turpentine, ʒii.  
Laudanum, ʒi.  
Essence Peppermint, ʒi. M

Of this from two to three tea-spoonsful may be given every 3 or 4 hours. At the same time a blister to the abdomen should not be omitted. This prescription I have never known to fail to give the most signal relief — the tongue becoming moist and clean in the course of 36 or 48 hours. Prof. Wood says “from an experience of more than 20 years this prescription has never disappointed me.”

*Stimulants.*—No class of remedies is more subject to abuse than stimulants; because no definite rule of uniform application can be given. As a general rule, it will be better to anticipate prostration than to suffer it to steal on unobserved. The most gentle stimulants, such as wine whey and sul. quinia, should be tried first. If the fever, thirst, cerebral determination is not increased, and the pulse does not become accelerated under their influence, it may be considered that they are not doing harm; but if they have the opposite effect, it is hardly necessary to say they ought to be laid aside. Should prostration increase under the use of these mild stimulants, the pulse becoming more feeble and accelerated, delirium and coma more profound, the head and surface more cool, the most powerful stimuli will be demanded; such as car. ammonia, French brandy, and an increased amount of quinia. A blister to the nape of the neck, or to the occiput, will have a happy effect. In a few cases I have known prostration, delirium, pulse feeble, with cool extremities to set in, within 36 or 48 hours after the onset of the disease, so that alcoholic stimulants had to be used, and with the most desirable effect.

Late in the disease, when the patient has been exhausted by diarrhœa and the ravages of the disease, nutritive life must be sustained, or the patient will die of inanition. The essence of beef will be the most suitable nourishment.

The above is but faint picture of typhoid fever and its treatment; but I am fearful I have already transcended my limits.



ART. III.—*Scarlatina*.

MR. EDITOR :— Since reading the discussion of the Medico-Chirurgical Society of Cin., on *Scarlatina*, in the March No. of your Journal, and Dr. McGugin's article on the same subject, I thought it might not be without interest and profit to the younger portion of your readers to secure a few more suggestions upon the same subject. There is much discrepancy of opinion among our authorities in regard to the treatment of this disease ; some advise venesection, mercurial cathartics and epispastics, others an antiphlogistic treatment, others the application of cold water to the surface, and others a tonic and stimulating plan of treatment. Such discrepancies, of course, embarrass the young practitioner, and perhaps in the whole array of diseases there may be none he cannot more readily confront than this. Hence, it is the duty of those who have had much experience in this disease, and hit upon a successful mode of treatment, to give it to the profession for the benefit of all. From the first of May, 1848, to the last of Feb., 1849, *Scarlatina*, in all its forms, prevailed very extensively in my practice. Permit me, therefore, to present you my observations and deductions upon this subject, and if they are worthy of notice you may publish them.

My first case was a child eight months old. It had been brought into this neighborhood from near Granville, Ohio, where *Scarlatina* had been raging. Its parents knew of no chance it had had of taking the disease, and it had run on for several days before I was called. When I found the child it was much prostrated, the eruption in many places was becoming purple, and the throat, externally and internally, much swollen. The tonsils, fauces and palate, were very much swollen, and of a dark ash color. Respiration was extremely difficult, in consequence of the tumefaction and the secretion of mucus in the throat and trachea. The lips were becoming livid, pulse small and quick, extremities cold, abdomen tumid, and the stools were thin and offensive but not frequent ; also an almost entire suppression of urine. My prognosis was unfavorable, which I stated to the friends, but was urged to treat the case, and consented. I prescribed 1 gr. quinine,  $\frac{1}{4}$  gr. calomel,  $\frac{1}{4}$  gr. pulv. Ipecac, to be given once in three hours, with sinapisms to be applied to the throat, abdomen and extremities. For the throat inside I prepared the following solution : Nit. argent. 1 gr., rain water 1 oz., Sulph. Morph.  $\frac{3}{4}$  gr., water 1 oz., the throat to be washed with these alternately every 15 minutes. Calling the next day on my patient, I found the

friends had been unable to get it to swallow the medicine and to wash its throat, on account of its tongue being so much swollen; thought it useless to prescribe further; called in the afternoon by request, found the child in deep coma, congestion of the brain having taken place. It soon expired. In a few days several of the children belonging to the family where the child died were similarly attacked, but with early attentions were soon relieved.

A little girl 4 years of age, however, who attended the funeral and placed her hand upon the face of the corpse, was taken the ninth day with *Scarlatina* in its most malignant form. The scarlet eruption in this case was very general, and at times very red, and then changing to paleness, varying thus every hour or two. Its throat was very sore, tongue covered with a thick white fur, red at tip and edges, with scarlet red papillae projecting through the coat. The tonsils and fauces very red and much swollen, occasional vomiting and extreme restlessness; pulse quick, small and somewhat hard when the fever was high, at other times softer. Treatment—I gave a mercurial cathartic with a small portion of pulv. Ipecac, sinapisms to the throat and feet (when cold). For the throat I prepared a solution of 1 gr. nitr. argenti to 1 oz. water, to be applied to the throat, with a swab every hour. I also left powders, one and a half grs. quinine each, to be given in case of paleness and coldness of extremities. Called next day, found my patient much the same except that the throat seemed worse; continued the treatment with the addition of a blister to the neck, and hop fomentations to the abdomen, which was some swollen. This case continued bad for some days; by the 4th and 5th days the tonsils and fauces commenced assuming an ash gray color, abdomen more tumid, prostration more alarming. I now made some change in the treatment, as it seemed to demand tonics and stimulants both. I took of African Cayenne pepper 3 tea-spoonsful, Chloride of Sodium 2 tea-spoonsful, mixed well together, then added to that  $\frac{1}{2}$  a pt. of boiling water and let it stand half an hour, then added (after straining) half a pt. of strong vinegar, gave it one drachm of this mixture every hour, to alternate with one and a half grs. of quinine the same length of time. I also used some of the same preparation as a gargle, and had sinapisms applied to the abdomen. From this time the child commenced improving, pulse became natural and a genial heat diffused over the surface, and the patient *gradually* recovered. The blister, however, was troublesome.

The epidemic spread largely—I say epidemic, as it seemed to partake of that character more than of a contagion—most,

however, recovered. Out of some 80 cases, of which 30 were S. Maligna, 32 S. Anginosa and 18 S. Simplex, only 6 died.

I will now state as briefly as possible the course of treatment I found most successful, after having tried a variety of remedies and consulted the highest authorities. I soon threw aside blistering, finding it produced great nervous excitement and an obstinate retention of urine. The blisters also became so exceedingly sore and difficult to heal that in some cases it was hard to prevent mortification. I used nitras argenti in some cases with a swab, but soon found it was entirely too irritating and quit its use. I found other remedies preferable, and consider the practice of swabbing the throat decidedly erroneous and think it cannot be too highly censured. The struggles of the child against it greatly reduces its strength and causes it an unpleasant excitement, besides the irritation it has a tendency to create. The application of cold water I also found to produce in several cases a deleterious effect, from the chilliness it caused the surface, and considerable prostration, with a tendency to venous congestion. Although in some forms of this disease, according to authors, the heat has risen to 108 and 112 deg. of Fahrenheit's Thermometer, a fact which would seem to indicate the use of cold water, I cannot think there are many observing practitioners who, having tried it, will continue its use. The following is the course of treatment I have found to be most successful :

When called to a case before prostration has taken place, give an emetic of Ipecac, having it operate freely and easily by the use of warm water, let the child rest half an hour, give then 2, 3 or 5 grs. calomel, according to the age of patient, and follow in 4 hours with a dose of syrup of rhubarb, or a full dose of Castor oil. Let the bowels be kept open by the use of mild injections, and as soon as they are evacuated, or sooner if the case is malignant, commence the free use of tonics and stimulants. I have found the sulphate of quinine in from 1 to 2 gr. doses combined with  $\frac{1}{4}$  or  $\frac{3}{4}$  grs. of capsicum given every 2 or 4 hours, to have a very happy effect. If there is much restlessness give proper doses of Pulvis Doveri with powdered valerian.

Under this treatment the system is sustained, the extremities are kept warm and congestion of the important viscera prevented. A prime argument in favor of this plan of treatment is, that it prevents lasting debility, and the tendency to dropsy, which is a frequent sequel of this disease. For local applications a mustard or catnep poultice steeped in vinegar with a small portion of wheat bran is very excellent, or strong liniments frequently applied to the neck are also good. Sina-



pisms must be kept applied to the epigastrium if tender or swollen, and to the extremities if cold. For drinks mucilaginous diluents or cold water, if wanted, may be given. Sponging the body with tepid water and vinegar is useful. For a gargle the emetic I have found to be best, from its clearing the throat of mucus, thus giving the tonsils, fauces, &c., a chance for healthy action, but in the malignant form an antiseptic must be used after the emetic. A weak solution of Creosote is excellent for this purpose, not making it so strong but that it can be held in the mouth frequently and then spit out. The borate of soda dissolved in strong sage tea and honey is good, but in the anginose form, where there is great tumefaction of the tonsils, with sanguineous engorgement, I have found great relief afforded by freely scarifying the tonsils with a gum lancet. In the other forms this is rarely necessary.

Very respectfully, yours &c.,

W. HENDRON.

Delaware Co.

ART. IV.---*Case of Bilious Pneumonia.* From the Inaugural Thesis of FRANCIS H. PRATT, M. D. Presented to the Starling Medical College, Feb. 1849.

*Hillsdale, Mich. March, 1848. Miasmatic region.* Case of a young man aged 20---strong robust habit---sanguineo-bilious temperament.

Called in the morning. The patient had been complaining some days of pain in the back---drowsiness and usual premonitory symptoms of bilious attack. Evening previous was taken with a chill---fever following. There was much febrile excitement. Pulse rapid and full---tongue dry and covered with dark yellowish coat---skin and conjunctiva of icterode hue---urine high colored---respiration hurried---dry hoarse cough---expectoration scanty and rusty. Patient complained of dull pain in right side. Physical signs---resonance on percussion diminished in lower portion of right lung---vesicular murmur quite indistinct in the same portion. Crepitant rale could be easily distinguished. Diagnosed the disease to be Bilious Pneumonia.

*Treatment.*---Bleeding was evidently indicated, but from the tendency, then existing, of all cases to a low typhoid type, I deemed it somewhat hazardous---and prescribed an emetic of antimony and ipecac.

*Indication.* To subdue the arterial excitement---open the secretions, and to remove the congestion; and if possible jugulate the disease in its first stage. Directed after the opera-

tion of emetic a cathartic of 20 grs. calomel, to be followed in six hours by seidlitz powder, and repeated every two hours till a free operation was induced.

4 o'clock, P. M. Found symptoms about same as in the morning. Less arterial excitement; expectoration viscid and streaked with blood; some disturbance of the stomach; cathartic not operated. Directed an enema immediately---resulting in a full operation. Left powders to be given every two hours of Tart. Antimony  $\frac{1}{4}$  gr. in combination with Dover's powder. Surface to be frequently sponged. Mucilage of Elm bark for drink.

*Next morning.* Remission of fever occurred in the night. Pulse less frequent and hard; expectoration more abundant; less blood mixed with the mucus. Respiration less hurried; physical signs about the same. The antimony occasioned considerable gastric disturbance. Prescribed calomel 2 grs. with ipecac every four hours, and syrup of squills with a little wine of antimony for expectorant.

*Evening.* Symptoms all better. Tongue moist and clammy at the edges. Bowels in good condition. Lung less congested. Substituted Dovers Powder for calomel and ipecac.

*Morning.* Patient had perfect intermission of fever in the night. Fever not of a high grade. Some congestion of lungs. No change in prescription.

*Evening.* Patient perspiring freely. Respiration natural. Natural sounds of the lungs quite distinct. Tongue clean. Gave quinine in 2 gr. doses every two hours. Expectorant to be continued.

*Morning.* Patient bore the tonic well; no fever; directed the quinine powders to be given through the day every four hours and the syrup of squills with a little paregoric as long as the cough was troublesome.

*Remarks.* In Pneumonia, (as in all acute diseases,) I deem it of the first importance, that a powerful impression be made on the system in the commencement of the attack, and that the treatment be active and energetic in the first stage; and if possible that this stage be prevented from passing into the second. Bleeding in the congestive stage I consider one of our best remedial agents. The apprehension, so generally entertained by Physicians in malarial districts, of bleeding in this disease, when complicated with bilious derangement, as it usually is, I deem to be groundless: and the result of empirical practice; and of not knowing or recognizing the principle that should always govern in abstracting blood. Tart. Antimony is almost a 'sine qua non' in the treatment of Pneumonia. I rely on it with perfect confidence, and have fully real-

ized all the benefits claimed for it, in treating this, often grave disease. When there is much gastric disturbance, I have found the Golden Sulphuret to take its place *when pure*.

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ART. V.—*On Irregular Malarious Diseases and their counteraction by means of Strychnine.* BY J. P. KIRTLAND, M. D., Prof. Phys. Diag. and Theo. and Prac. of Med. Cleveland Medical College. *Read before the State Medical Convention.*

Malaria has produced the larger share of fevers that have prevailed in Ohio. Those of a continued form originating from other causes have occasionally intercurrent and have not, in all instances, escaped the modifying influences of that agent.

All varieties and species of acute febrile disorders have varied in the quality of their action, in obedience to the diathesis or epidemic constitution, which, during the last fifty years has developed, in this State, every grade, from the highest sthenic to the lowest asthenic.

Malaria has also induced many obscure and anomalous forms of disease, and frequently imparted new features and tendencies to every disorder that may come within the sphere of its influence.

To these irregular manifestations of its powers, and to certain means adapted to their counteraction, we would respectfully invite your attention.

That it makes its impressions, primarily on the *cerebro spinal system*, can hardly admit of a doubt. A portion of that system is, as a consequence impaired, which portion may be the base of an important nerve or nerves, distributed to various organs and structures. The morbid impression may be transmitted to the extremities of these nerves, and there develop its evidences, in the form of some functional or organic derangement.

The viscera of the chest, abdomen and pelvis, and the fibrous cellular tissues may, in this way, become the seat of disease, from reflected malarious impressions. Such cases are common. Many affections of the heart, stomach, intestines and liver, and in females, uterine disorders are of this character.

They have been imperfectly recognized, and described by authors as "Irregular and masked Intermittents," "Complications," &c. This exciting cause may restrict its action solely to the nervous system, and has been known to originate or complicate with every species embraced in Cullen's class "NEUROSES" from *Apoplexy* down to *Hysteria*.

In other instances it may take a wider range, and show its effects under the forms of irritation, inflammation, and I might



with propriety add, every disorder to which the human family is subject.

In all cases of malignant erysipelas, that have come within my experience, it has participated largely, either as an exciting or modifying cause.

To the western physician, under whose observation it is daily producing such effects, their diagnosis is often a source of perplexity; while to our eastern medical brethren, who know nothing of such diseases, except from books and lectures, it is a perfect stumbling block.

Nothing short of an intimate acquaintance, gained by experience and correct observation, can enable the practitioner to detect and comprehend the insidious and every varying forms of malarious action.

They generally show some tendency to periodical attacks, but it may be so obscure and irregular as to escape the attention of a superficial observer. The circumstance of a patient having been exposed to this agent may occasionally aid in detecting the character.

If the *diagnosis* be correctly formed the *prognosis* will, in most instances, be favorable.

On the other hand, if their intimate nature be overlooked and attention directed merely to their more apparent symptoms, improper means will probably be prescribed that may induce more disorder than they will correct.

Even in cases that present a fair prospect of an ultimate cure, it may not be possible to suddenly remove the malarious impressions from the nervous centers, especially if strengthened by time and habit. They are apt to remain for a long time, developing their effects without regard to weather, season and ordinary medication.

A frequent consequence is the expenditure of vitality and reduction of the system to a condition in which tuberculous matter will be deposited in the liver and lungs.

Prior to 1827 the only form of Pthisis known on the Connecticut Western Reserve, was of this secondary character.

*The indications of cure*, which naturally present themselves, are:

1. To *counteract* malarious action.
  2. To *correct* any morbid change that may have occurred.
- Our remarks will be confined to the first indication.

Experience has demonstrated that under our present diathesis, in northern Ohio, *reducing agents used as such* are not appropriate means for curing these forms of malarious disease.

The lancet, emetics and cathartics, may occasionally be required *to change* the action but not *to reduce* the system. A

distinction, both correct and important, not always observed, either in practice or medical writings.

Specifics have not yet been found—bark and its preparations, even the valuable alkaloid, quinia have all sometimes failed to effect a complete and permanent cure.

Capsicum, opium, preparations of iron, stramonium, wine, ale, brandy, hydriodate of potash, &c., have been frequently tried singly and in different combinations with only partial success.

Fowler's Solution and Tinct. of Opium, combined, have formed a favorite remedy with me until recently. With all these means of counteraction at command, the result of the treatment has not as a whole been satisfactory.

On attempting to effect a cure it would be philosophical to select agents that would determine their action to the original seat of disease. The woodman would not commence lopping off the extremities of the limbs for the purpose of falling the tree, but would direct his blows to the main trunk.

If the view we have taken of the original seat of malarious impression be correct, it follows that the pathological condition we are required to treat, is an *impairment of the nervous centres, the evidences of which are exhibited in certain trains of symptoms of the nervous extremities.*

Our object would, of course, be to remove the morbid impression from whence those trains arise, and not direct our attention to the extremities where more symptoms are developed. The mode of accomplishing it is to excite in the nervous centres a new and artificial action, more compatible with a healthy condition than is the disease, and to carry it so far as to counteract and overcome the original morbid action.

Medication may then be withdrawn and health will resume her province.

On theoretical grounds we should look upon strychnine as well adapted to this purpose, as its powers are exerted principally on the cerebro spinal system when it excites an action of its own kind.

Experience has tested and established the correctness of this view. Some 10 years since we prescribed it in many cases in the Commercial Hospital, at Cincinnati, with favorable results, except from inattention on the part of those having immediate charge of the sick—the remedy was allowed to be given in too heavy doses and it produced unpleasant factitious symptoms in a few cases.

We are, however, indebted to my colleague, Prof. Ackley, for its recent introduction into practice in northern Ohio, on more definite principles. It is now extensively employed by

several intelligent physicians, and volumes of evidence in its favor might, if necessary, be laid before you.

Some cautions are required to regulate its use. If it be urged with too much rapidity, or continued beyond the point at which it begins to manifest evidence of having established its control over the nervous system, factitious symptoms will arise that may either retard or defeat the cure.

Increase of sensibility and tenderness along the spine, particularly between the scapulæ, should warn us to withhold the remedy for a time. Carried beyond this point it will induce swelling, stiffness and rheumatic condition of the joints, severe neuralgic pains, spasms of the diaphragm, ringing in the ears, and general nervous irritability. It is necessary to allow its effects to entirely subside during the interval of its discontinuance. After one, two or three weeks, the course may be repeated, and again, from time to time, as occasion may require. A failure to effect a cure by the first trial should not discourage its repetition.

In many cases it may be relied on solely, in others it may be necessary to precede or accompany it with certain adjuvants, as mercurials and quinine. A combination with the latter will often prove more effective than either of the articles employed separately. To what extent it may be substituted for quinine, in the treatment of regular intermittents, remains to be decided by further experience. That it will answer the purpose in some cases and fail in others, I have ample evidence.

A malarious action counteracted by it is less liable to recur than when that purpose is accomplished by quinine.

It is an important query whether it may not be employed at a certain juncture, in the forming stage of remittent fevers, and perhaps during the first part of the active stage, to counteract the malarious impression and arrest its further progress. The subsequent symptoms that usually arise, are mostly the results of the impairment of the cerebro spinal system, by such impression.

Many cases of our remittent fevers, as well as the malignant remittents of the south, have of late years been arrested at those stages, by means of a prompt use of quinine.

Much will depend on the form and mode in which strychnine is employed. In substance its effects are not always uniform and certain. The amorphous powders are impure, but the crystals are incapable of adulteration. The solution is the preferable form for its use.

Through the kindness of Mr. Hall, of the firm of Fisk & Hall, an intelligent and experienced Druggist of Cleveland, I am enabled to lay before you the formula for "HALL'S SOLUTION OF STRYCHNINE."



℞ Strychnine crystals, xvi grs.  
Water.  
Alcohol, aa vii 3ss.  
Acetic Acid, 3vii ss.  
Tinct. Cardamom comp. aa 3ss.  
M. F. Sol.

Dose 20 to 30 drops, three times each day. 13 of the solution contains  $\frac{1}{3}$  of a grain of strychnia. Adults will bear that amount for a dose, yet in ordinary cases it is better to make our approaches slowly, 1-32 to 1-16th part of a grain may be sufficient. Certain Empirics are using it in doses of  $\frac{1}{3}$  of a grain and calling their practice "Homœopathic."

For the purpose of illustrating its powers and efficacy, permit me to state that I have been familiar with a case that originated from repeated exposures to malaria. It commenced with muco-enteritis that at length terminated in dyspepsia, irregular and vitiated secretions from the liver, constipation, neuralgic pains in the bowels and limbs, and at 11 o'clock each day a paroxysm of Tic Dolereux of the left supra orbita nerve, that was followed with an ichorous discharge into the nostrils from the sinuses of the affected side. Medication and circumstances would occasionally interrupt the violence of the disease, but it was never, during 14 years, entirely absent.

Two years since the derangement of the liver and constipation became unmanageable and resulted in a series of attacks of cholic and peritoneal inflammation, and at last in a fully developed intermittent fever.

This latter phaze was arrested by means of quinine, but the other prominent disorders continued. Last February the patient, in a reduced and suffering condition was put upon the use of strychnine *without any other medication whatever*.

At the end of four days evidences were apparent that the nervous centres were aroused and their actions transmitted to the nervous extremities. The liver began to pour out freely secretions of a healthy character, the appetite improved, the peristaltic motion became active, and lavements and cathartics were dispensed with, though for two years previous they had been in steady requirement.

The nervous pains and Tic Dolereux subsided, and at this time, perfect health is restored. Three different trials with the strychnine were requisite to effect this important result.

During the exhibition of the first, the patient attempted to carry into practice the common maxim that "*We cannot have too much of a good thing,*" and in the end demonstrated to his own satisfaction, *that we could have enough*.

Finding that his condition daily improved under the use of 25 drop doses of the solution, he augmented them to 60 drops.

At length his limbs were attacked with severe neuralgic pains, the joints swelled, the spinal column became sensitive and painful upon the least motion, palpitation of the heart, ringing in the ears, and general nervous irritability, and occasionally spasms of the muscles of the back ensued before he relinquished his experiment. These symptoms gradually subsided after the cause was withdrawn.

Time will not allow me to narrate an account of its favorable effects in one of the most obstinate forms of disease that we frequently meet at the west, constipation in sedentary and nervous individuals.

The true pathology is overlooked and the organs of digestion generally charged with being in fault. Remedies are usually prescribed that in the end only aggravate the evil.

The origin of the disease is in the nervous centres, from whence its effects are reflected to the *excito motory* nerves which govern the outlets of the system.

In this section of the country all such cases are either produced or modified by Malaria.

The remedy is strychnine.

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ART. VI.—DR. WILLS' Case of *Strangulated Hernia*—by a portion of the Ilium passing through some fibres of the Omentum. Communicated by E. H. DAVIS, M. D. Chillicothe.

Mrs. DULANCY aged 60—temperament Sanguineo Bilious—general health good---very fleshy---was engaged through the forenoon of Saturday May 19th in carrying water and assisting a washerwoman in washing bed clothes. After eating a hearty dinner at half past eleven o'clock, of bread and meat with lettuce, about twelve was taken with severe pain in the stomach and vomiting, throwing off the whole of her dinner. Dr. Wills called at 6 o'clock P. M. The patient complained of very great pain in the lower part of the bowels---vomiting still continued---some tenderness of the abdomen generally, on pressure. Bowels had been moved naturally in the morning; tongue moist, skin and pulse natural.

Sunday, May 20th. 8 o'clock, A. M.---Had rested some during the night from the effects of Anodynes; pain much less, still vomiting occasionally; pulse about 80; tenderness of the abdomen still continues; no evacuation from the bowels notwithstanding continued use of cathartics and injections. Skin natural; very thirsty.

4 o'clock.---Severe paroxysmal pain in the abdomen had returned---other symptoms the same---no evacuation.

9 o'clock P. M.---Symptoms same as at last visit.

Monday 21st, 7 A. M.---Had no rest during the night. No pain, no soreness. Pulse weak and quick, skin cold and clammy, features shrunk; evidently dying. Died at 8 A. M.

Post Mortem.---At eleven o'clock, opened the abdomen.---Stomach and bowels presented a healthy appearance at first view. About a pint of serum at first clear, afterwards presenting a bloody appearance was observed. Liver rather pale. Spleen healthy. Found a portion of the *ilium strangulated by having passed through some fibres of the Omentum*.---About a foot of the Ilium presented a black gangrenous aspect, that portion surrounded by the fibres appearing as if a string had been tied tightly around it.

## PART SECOND.

### AMERICAN INTELLIGENCE.

ART. I.---*Tincture of Nux Vomica in Cephalalgia.* From Medical Notes and observations by CALEB GREEN; M. D. Homer, N. Y. June 7th, 1848.

In conversation with my friend Dr. Hawley, of Ithaca, on the subject of hobbies and specifics in medicine, he observed that he rode one hobby, and that was the saturated tincture of nux vomica. He uses it freely in those cases popularly termed "sick headache," and also in those forms of cephalalgia which appear to be of a decidedly neuralgic character. He remarked that he had very gratifying success in the treatment of these affections with this agent. During the paroxysms he usually administers from 15 to 20 drops, which generally gives relief; after which he often continues the tincture in doses of 10 or 15 drops three times a day for two or three days. He assures me that the first sometimes produces permanent relief; and the repeated doses frequently protect the patient almost wholly from future attacks.

Since the above date I have employed the tincture in several cases of cephalalgia, and with various success. The following is my formula for the tincture. R. Nux vom. pulv. 3i; spts. vin. rect. 3iv. M. ft. tinct.

June 15. Mrs. Blanque has been afflicted for several weeks with a severe headache, which is evidently sympathetic of gastric and uterine derangement. Gave her this P. M., 15



drops of tr. nux vom. She said that within ten minutes after taking the medicine, she had a "queer sensation all over her," that her head felt airy and light, and "as though she wanted to fly away;" but did not describe the symptoms as decidedly unpleasant. The headache was relieved. June 16, this morning she remarked to me "how good it seems to be free from headache! My head is clear, and does not ache at all." For five or six weeks previously she had an almost *constant* headache during the day. June 23d, says her head feels very well, and has had so much relief from the remedy that she wants a phial of it for future use, if necessary. June 29, says she now has severe pain in the back when she does not have it in the head. Took the tincture with relief.

June 28, Mrs. P. has been complaining for some time of a peculiar dull congestive headache, attended with heat and redness of the scalp, just anterior to the "organ of firmness," covering a space of an inch and a half, or two inches in diameter. The pain extends over most of the head, but is more severe in the upper and anterior portions. There is sometimes amaurosis and nausea. She is of a thin habit, pale and habitually constipated. This morning was suffering much with headache, amaurosis, loss of appetite, &c. Gave her 20 drops of the tincture, and in fifteen or twenty minutes her head was greatly relieved and appetite improved. Had continued pretty well during the day.

July 3d. Mrs. N., æt. about 35, of the nervo-bilious temperament, sent for me about 8 P. M. in great haste. Found her suffering from severe cephalalgia, lancinating pain over the right eye, with great restlessness, nausea and vomiting. Gave 20 drops of the tincture. In twenty minutes became easier, nausea and vomiting ceased, and she rested very well during the night, which was quite contrary to her expectations.—July 4th, complains of some heaviness of the head, but is otherwise free from pain.

July 18. L. S., æt. about 13 years, had suffered for two or three months with a dull headache every day—continuing nearly through the day. I have tried medication with blue mass, laxatives, vegetable tonics, &c., without any marked amendment. Three or four weeks since, I commenced giving him the tincture of nux vomica, soon after which he began to amend. He took ten drops twice a day for 10 or 15 days. He is now entirely free from headache. He is of the nervo-bilious temperament, and his father, and some other members of the family, suffer from the sick headache.

March 7th, 1849. Rev. Mr. F., of the nervo-sanguine temperament, suffers frequently from headache, with nausea.

The cephalalgia is sympathetic of gastric disturbance, and is principally characterized by sharp pain over the right eyebrow. Sometimes extending to the temporal region. He has taken the tincture with some relief, although it sometimes leaves that enlarged, light sensation in the head, alluded to in the case of Mrs. Blanque. He takes it in doses of 10 or 12 drops, repeated not oftener than once a week, and it operates as a laxative. This, it will be remembered, is a favorite remedy of the homœopaths for constipation, but, in order to have its due effect, it must be given in something more than the "diluted starlight" doses.

In the Amer. Jour. Med. Science, Jan. 1849, p. 34, Dr. Porter relates a case of headache attended with indistinctness of vision, numbness of the right side of the tongue and right arm, occurring in a patient on the third day after confinement in which there were signs of debility rather than of congestion, and in which he administered tinct. nux vom. with evident happy effect, not only on the local symptoms, but as a tonic to the stomach. He also alludes to some other cases in which these amaurotic symptoms, succeeded by headache, and this by numbness of the tongue and arms and nausea, suddenly supervening during gestation or soon after labor, and always in connection with gastric disturbance, were promptly relieved by tincture nux vomica.—*Buffalo Med. Journal.*

ART. II.—*Cerebro Spinal Meningitis.* To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR—Whilst looking over the Journal of April 11th, I noticed an account of some cases of cerebro-spinal meningitis, by A. Stone, M. D., of Auburn, Mass. This account reminded me of some curious cases, occurring between the 26th of December, 1847, and the middle of January, 1848, in which the same diagnosis was made. This and the expression of Dr. S., "that we should repose some confidence in liberal doses of the sulphate of quinine, administered immediately on the development of the disease," lead me to the following sketch from my note-book, which I had intended sending you at the time the cases occurred. You are of course aware that the spring and fall malarial diseases of our latitude, call often for the liberal use of quinine; and I may mention, that in many obscure cases, the administration of the remedy will serve as a touch-stone, define the disease, and prove highly beneficial.

The cases of which I speak, were three in number, and confined to colored servants. Before being called to the cases, I had heard of sudden deaths from perfectly inexplicable causes.

Two of the cases, which were my own, occurred in colored boys, between 14 and 18 years of age, and the disease in both commenced with slight chill and bilious vomiting. Unconsciousness with convulsions soon supervened, and the head was strongly thrown backwards, with great tenseness and rigidity of the posterior cervical muscles. In one case, and whilst transferring him from bed to a warm bath, the convulsions were extremely violent, and the tendency to opisthotonos could not be restrained by several powerful attendants. The bowels were very costive, and the unconsciousness in one case, in spite of the most energetic treatment, lasted for three days, the head being thrown far back and rigidly retained in that position. The pulse at the wrist was small, the heart's action rapid and feeble, extremities cold and clammy, and when answers could be obtained, great pain complained of at the scrobiculus cordis and nuchæ.

At the moment of seeing the first case, which was a very powerful boy of 18, thus attacked whilst in perfect health, hot baths were prescribed, venesection liberally used, and calomel in full doses. The convulsions ceased for a time under this treatment, though the neck remained rigidly fixed; and as there was apparent periodicity in their returns, I resolved to administer large doses of quinine, in which resolution I was confirmed by my friend Dr. Wotherspoon, U. S. A., who was accustomed to congestive malarial diseases. The constipation was extremely obstinate, unyielding to enemata, soap suppositories, and even the long rectum tube of O'Bierne. Iced bladders were applied to the head, and blisters, from the nuchæ to the sacrum, replaced frictions with the hot spirits of turpentine and sinapisms. In spite of the energetic treatment, the convulsions returned with periodicity, and the head seemed to be thrown still further back at each access. The quinine was therefore solely relied upon; and in the case of the elder boy, I administered one hundred grains of the sulphate, with a goodly quantum of capsicum, in twelve hours; whilst in the same period the younger took eighty grains. When under the free action of the quinine, as indicated by the clammy condition of skin, which it produces in full doses, the circulation became freer and fuller, and the rigidity of the neck yielded. It was requisite to revert to the quinine again on the 2d and 3d mornings, as there was every indication of a return of the alarming symptoms; the quantity required was, however, not more than a dose of fifteen grains on each occasion.

In both cases the rigidity of the neck was not perfectly relieved for several days, and the recovery was slow and doubtful.

A third case, which I saw with a friend, the week afterwards,



improved rapidly, almost marvellously, under scruple doses of quinine. The termination of this case was, however, fatal, but rather, as we were led to believe, from the improper use of opiates by his negro nurse.

Several cases were said to have occurred during the same month, and were fatal; in fact, two cases were reported to me as having died in the first access.

About the same time, I saw with Dr. Penn, of Bladensburg, Maryland, and Prof. May, a man with idiopathic tetanus, in whom there was a great similarity of symptoms. The paroxysms which affected all the muscles were more frequent and tetanic in character, and consciousness was preserved. From many points of resemblance I urged the free use of quinine as in my cases, but the condition of the stomach was such, that no internal remedy was of avail—there was constant ejection of matter almost like that of vomito. Letheon alone was available, and succeeded in arresting the paroxysms from half to an hour and a half. This, like the morphine, already used in immense doses, failed, and Dr. May informed me that he died after a protracted struggle.

A few weeks after this, Dr. Wotherspoon brought me from the Surgeon General's office, U. S. A., an extract from the report of a Surgeon stationed at a western post, who had seen an unusual number of congestive cases at the same period: "These followed generally an attack of intermittent, when the previous symptoms could be learned from the patient; but too often they were brought into the hospital in a state of insensibility, or convulsions, from which they often never roused. And a very peculiar symptom attended most of these cases—a stiffness of the neck, which caused the head to be thrown back, and the convulsions were of a decidedly tetanic character, with a sickening personal odor, almost intolerable. In all cases, where those symptoms existed, the attack proved fatal. Mortality, nine out of eleven. Treatment—depletion and opium. Bleeding was inadmissible, as generally the patient became at once so prostrated, that the pulse was scarcely to be felt."

I was unable to find whether quinine had been used in these cases. It is well understood in our region, however, that it is the only remedy in malarial congestive diseases, and must be used at once and decisively.

I would refer to the recent work of Tardieu, *Pathologie, Medicale*, Paris, 1848, article "*Fievre Intermittente pernicieuse*." He describes almost the same symptoms, and denominates the disease as the meningic or tetanic form of the fever. The treatment is quinine and in large doses.

During the last winter, influenza was epidemic ; and at the suggestion of some army friends I was induced to use the same remedy freely. The administration of fifteen grains at the onset, would relieve, in a single night, the coryza, headache, and unpleasant febrile condition. The peculiarity in the treatment was, that if not given on the first appearance of the influenza, the remedy was of much less avail.

I would also refer to the various papers from army surgeons in regard to the benefits derived from the free use of quinine in congestive diseases.

Truly Yours,

ROB'T KING STONE.

Washington, D. C., May 1st, 1849.

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ART. III.—*Chorea induced by anxiety, on account of a deformity; and cured by removal of the same.* BY LEWIS A. SAYRE, M. D., N. York City.

Mary Pheeny, Pearl street, aged sixteen, was brought to me in March, 1848, for chorea, with which she had been afflicted for two years previous, and had also had several epileptic convulsions.

She was a large, robust, healthy-looking girl, but exceedingly desponding and gloomy, almost an idiot in appearance, wishing to be by herself and seldom speaking to any one.

She was strangely deformed in her feet and one hand; having ten toes on her left foot, and eight on the right, with their proper number of phalanges, and each articulated with a separate metatarsal bone, except the second and third on the left foot, which were joined together, so as to resemble one toe with two nails, which gave that foot the appearance of but nine toes ; but after their removal I found a double row of phalangeal bones, enclosed in a common tegumentary envelope.

On the right hand she had five fingers, beside an extra joint upon the thumb.

Upon taking hold of her hand, my attention was drawn to her extra finger, and when I alluded to it, she gave a hysterical sob, followed immediately by a severe convulsive fit, caused, as her mother informed me, by my allusion to her deformity, as she was exceedingly sensitive upon that point.

After talking to her mother a few moments, she wished me to look at her feet as they were also deformed ; and upon my examining them, another convulsive fit was induced, which led me to believe, that the cause of disturbance in her nervous system, upon which these fits and the chorea depended, was

anxiety of mind about her deformity : and she had pondered on it so constantly, and let it obtain such complete control of her nervous system, that any allusion to her misfortune, would be immediately followed by a fit.

After examining the case carefully, I found every organ healthy, and all their functions properly performed. She had been under treatment for some time past, for suppressed menstruation, which had been successful ; and for the last two months, her menstruation had been perfectly regular.\*

Therefore finding no other cause to which I could attribute this derangement of her nervous system, I was compelled to believe it caused by anxiety on account of her deformity, and advised the removal of her extra toes and finger, to which she readily assented.

From that moment her countenance assumed a cheerful smiling aspect, she laughed and talked half hysterically, and walked about with almost a phrenzied delight, and exhibited not the slightest evidence of chorea. She was exceedingly anxious to have the operation performed at once, but it was deferred in order to take the casts, from which drawings were made.

On the 9th March, assisted by Drs. Trudeau and Van Buren, I removed her supernumerary toes, having first put the patient under the influence of ether, which had the desired effect of benumbing all sensation, and when restored to consciousness, she expressed great surprise at their removal.

The parts were brought in close apposition by sutures, straps and firm bandages, and dressed with cold water. Union of the whole wound, in each foot, took place by first intention without the formation of any pus, and in twenty-three days

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\* Dr. Porcher, now of Charleston, who treated her for some time, has published the case in the Charleston Medical Journal and Review, for March, 1848, and states that she was perfectly cured in four weeks, by the use of carb. iron and rhubarb.

If he had reference to her menstruation simply, he would have been correct. But in including the word cure, the chorea and epilepsy under which she labored, (as I presume he does, for he has headed his article "St. Vitus' Dance") he is evidently mistaken ; for her gate was exceedingly unsteady when she came to my office, and the fact of her having two convulsive fits upon my alluding to her deformity, proves that her epilepsy and chorea still continued — and it is to correct this statement, that I have, by the advice of several medical friends, made the case public.

She was not relieved of her chorea and epilepsy, until she was assured that her deformity could be removed : from that moment her countenance assumed a cheerful aspect, and her chorea and epilepsy left her entirely, without any medical treatment whatever, and have never returned, a period of more than seven months.



after the operation, she walked to my office, (nearly one mile) and the second casts were taken from her feet, from which improved drawings were made.

The most singular feature in this case is, that from the moment she became convinced that her feet could be improved, her chorea left her and has not returned; neither has she had a single epileptic convulsion.

*Remarks.*—The mother in this case, attributed the deformity to a fright from an elephant, and as her friends testify, repeatedly spoke of it previous to the birth of the child—whether fright had anything to do with the peculiar development or not, it is impossible for me positively to say. But inasmuch as a number of well-attested cases have occurred, in which the mother has, previous to delivery, accurately described the deformity, which has been found to exist and agree so exactly with her previous description, that it becomes important for us to attempt at least, to ascertain the sympathies existing between the mother and child, and the *laws* which govern those sympathies, and trace cause and effect if possible.

If, for instance, we find, that from some horrid sight or loathsome object presented to the female during pregnancy, she becomes impressed with the idea that at birth her child will bear this or that particular deformity, and time proves her fears well-grounded, and her suppositions are found true, it is but reasonable to suppose (from analogy) that could we have made an equally strong impression of a different kind, we would have produced a different kind of growth or formation according to the impression under which she labored.

We all admit that it is by the nerves we receive impressions, and that it is through them, that the will is conveyed to the different parts of the system; that the vessels are the executors of the will, and that secretion, absorption, the different growths, developments, etc., are the result of this work, carried on or performed by the vessels, and controlled by the nerves. Or in other words, the brain and nervous mass superintend or order; the vessels obey these orders; and the different growths, etc., are the result of the work.

If, then, the nervous system or controlling power be disturbed, the orders are given wrong, the vessels obeying these wrong orders, and acting in compliance with them, an unnatural or deformed product, is the necessary result.

We all admit again, that the child has not an independent existence until *extra-uterine* life; neither has it an independent will; but it also is dependent upon the mother, is under her control, and must of course act in accordance with hers.

If, then, the will, thought, impressions, mind or controlling

power, so to speak, exist entirely in the brain and nervous masses, when endowed with life, (as without them, we can receive no impressions,) and if the vessels act entirely under the control of these nerves : and the different growths, developments, etc., are the result of the action of these vessels ; and if the will of the child is dependent entirely upon that of the mother, it follows, as a matter of course, that the development of the child being the result of the action of its vessels, which vessels are controlled by its nervous system, and it again, entirely dependent upon the mother, that these various developments must be in accordance with the various impressions made upon her mind.

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NOTE.

NEW YORK, December 22, 1848.

DEAR SIR—Since I furnished you my “Extracts,” containing a case of “Chorea induced by Deformity,” and detailing the operation upon the feet, I have completed the case by removing the extra finger, and have just made a drawing of the improved hand, which with a representation of the deformed hand, I forward to you, which please insert with the original article, if it has not already gone to press.

I removed the extra finger under the influence of chloroform, on the 12th, and have this morning made the enclosed drawing. The wound has all united by first intention ; the hand looks quite respectable, and the girl is in perfect health.

Yours respectfully,

LEWIS A. SAYRE.

[*N. Y. Jour. of Medicine.*]

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ART. IV.—*An Indigenous Deobstruent and Alterative Compound.*

[We give place, with much pleasure, to the following letter, remarking that our opposition to the introduction of new remedies, as stated, had reference to remedies of doubtful character. The agents of this new compound are certainly not of this class.

We also state that our friend Dr. Mayes, says, a practitioner of his neighborhood has used this medicine in a case of *cachexia Africana*. The morbid appetite for dirt-eating soon disappeared, and the patient enjoyed a state of health, which he had never before experienced.]—*Ed. So. Jour.*

BRADLEYSVILLE, Sumter Dist., So. Ca.)

April 28th, 1849. }

*Dr. Paul F. Eve :*

Dear Sir—Although in the December No. of the Journal, for 1847, you distinctly announced your opposition to the introduction of new articles into the *materia medica*, being more desirous, as you say, to investigate more fully the properties of those now admitted and acknowledged ; yet, it is hoped, that this opposition does not reach so far as to prevent your giving a trial to those new articles, which may be brought to your notice by your friends.

I am one of those who feel a deep interest in the investigation of our Indigenous Medical Botany ; not only to determine the number and names of our medical plants, but to ascertain the best modes of preparation for Medical purposes ; by which their properties may be secured most fully, and the practitioner, consequently, not liable either to underrate or overvalue them as remedial agents. To this latter point, my attention has been strongly directed for some time, and I may occasionally bring to your notice the result of my observations.

My present purpose is to bring to the notice of the Profession a compound which I believe to possess deobstruent and alterative properties in a high degree. It has succeeded so well in my hands, and also in the hands of a neighboring practitioner, as a valuable adjuvant to Quinine, Iodine, Mercury, or the alkalies, in the treatment of chronic diseases, that I am induced to believe it much superior to Sarsaparilla ; and as it is composed of the roots of indigenous plants, it certainly possesses some claim to a trial.

The roots used in its preparation are those of the *Stylingia Sylvatica* (Queen's Delight), the *Pterocanlon Pycnostachyum* (Black Root), and the bark of the root of the *Laurus Sas-safras*.

As the Black Root is not recognized by any of the works on the *materia medica* as a medical plant, it will be necessary to give it a separate notice. In Elliott's Sketch of the Botany of South Carolina and Georgia, page 324, vol. 2, the plant is very fully and accurately described under the name above given, with references to Michaux, Pursh and Nuttall under the name *Conyza Pycnostachya*, and to Walter as the *Guaphali-um Undulatum*. In a medical note, he observes : "The root under the popular denomination of Black Root, is much used in some parts of the country as an alterative and as a cleanser of old ulcers." Upon inquiry among the midwives and other old women skilled in herbs and roots, I ascertained that



the plant in question was very highly esteemed as a remedy in menstrual irregularities and other diseases brought on by exposure to the influence of *cold*. Their mode of using it is to pour boiling water upon the bruised roots, and cover the vessel closely until cool enough for use. The dose is about two fluid ounces every two or three hours in recent cases, until it acts upon the bowels or skin; then not so often. Their intention was always to produce free sweating, it being seldom given as a cathartic. In chronic cases, a tea-cupful of the infusion was taken two or three times a day. My own experience with the root confirmed, to some extent, their opinion of its efficacy as an alterative, and as the root was abundant, it very soon superceded Sarsaparilla altogether as an adjuvant to the more powerful minerals in the treatment of most diseases of long standing.

Its combination with Stylingia and Sassafras was the next mode of administration, and the only preparation of it which I now prescribe; the effect of the combination being such as to leave me but little to desire.

As you might probably induce one of your intelligent apothecaries to prepare a small quantity for experiment, I will give you my mode of preparation.

Fresh roots of Stylingia Sylvatica, - - 6 pounds.

" " " Pterocaulon Pycnostachyum, 6 pounds.

" Bark of Root of Laurus Sassafras, 1 pound.

N. B.—If dried roots are used, one half the above weights.

The roots are to be cut fine, and put into a distilling apparatus, and water, sufficient to cover them, poured on. The distillation is then commenced; and so long as the water comes over, very milky, it is to be preserved. When it comes over clear, or nearly so, it must be rejected until half the remaining quantity is displaced; the other half to remain in the still. (The quantity of water first poured on to be noted, and the quantity rejected to be noted also.)

Pure alcohol is then to be poured on (the quantity noted) until the roots are again covered. The displacement of the alcohol is suffered to go on until there remains in the still only sufficient to replace the water which had been rejected. The process is now stopped, and the alcohol which has been displaced will be sufficiently pure for most purposes.

When cool, strain through a cloth, and to this product add the oily fluid first obtained. When well mixed, bottle and keep well corked. The quantity of extract obtained is usually 6 or 7 pints.

For administration, I prepare it as follows:—Of the extract, one ounce; syrup, three ounces. Dose, a tea-spoonful three

or four times a day. The proportions of the extract and syrup, are, however, often varied to suit particular cases. It does most good when slight nausea, for a few minutes, follows its exhibition.

To this syrup, may be added Iodide of Potassium, Corrosive Sublimate, Quinine, or the alkalies to suit cases.

I will only particularize one application of it, which can hardly fail to excite attention. It has, in my hands, in combination with Quinine, proven to be the only preventative of the relapses of malarial fevers, which I have yet used ; and its effects in permanently curing the disease have been so very striking that I regard it as the long sought desideratum.

To four ounces of the syrup prepared as above, add forty grains or a drachm of Sulphate of Quinine. Of this, a teaspoonful three times a day for a fortnight. In old cases, I usually direct 5 grs. Blue Mass every third night ; but in recent cases, this addition is not often necessary.

As a test, I have tried the quinine without the syrup, but the results were always unsatisfactory. Its usual effect, when given after an attack of malarial fever, is to produce bilious evacuations from the bowels, restrain the usual morbid appetite, and clear the skin of the jaundiced hue.

Yours, with the greatest respect,

J. A. MAYES, M. D.

*South. Med. & Surg. Jour.*

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ART. V.—*Randolph's Cases of Lithontripsy*.

*To the Editors of the Examiner :*

GENTLEMEN—I send you the notes, taken by me at the time, of a few cases of Lithontripsy operated upon by the late lamented Dr. Randolph. I was present at all the operations, and kept notes at the time for Dr. Randolph, at his request, who intended to publish these, with many other of his cases of the same kind, in a complete form, with an essay on this mode of operating ; his great success rendering it a favorite one with him, as you are probably aware. If you think them of sufficient interest for your journal, in their present condition, they are at your service.

Respectfully yours,

J. M. WALLACE.

Philadelphia, April 16th, 1849.

CASE I.—*Female child, aged four years, cured in six weeks.  
Seven operations.*

Mary ———, aged four years ; general health good ; has suffered for several months, from pain in passing water ; violent straining, and the usual symptoms of calculus ; upon sounding, the stone was felt at once, and after introducing a sound for a few days, to accustom the urethra and bladder to the presence of instruments, a small-sized Jacobson's instrument was introduced to-day, January 22, 1838, but, in consequence of the stone being forced down so close to the internal orifice of the urethra, the expanded part of the blades were beyond it, and the stone could not be seized. It was withdrawn, and a large sized instrument of Heurteloup's used, by which the stone was caught immediately and crushed ; caught a second time and again crushed ; several small pieces came out in the teeth of the instrument upon its removal. The child struggled violently, but after the operation said that she suffered but little pain.

23d. Passed this morning a number of small fragments, amounting altogether to the size of a large pea. In the evening complained of considerable pain in the bladder ; ordered a hip-bath.

27th. Passed a large fragment this morning. Since the last report has been very well, and playing about the room, complaining only when voiding her urine.

28th. Caught the stone this morning, the blades of the instrument being separated *an inch and a quarter* when it was grasped. After crushing it, three fragments were caught and crushed ; a slight discharge of blood followed the removal of the instrument.

Feb. 3d. For two days after the last operation, she passed several small fragments ; nothing has come away since that time. The sound showed still the presence several pieces of stone. She now retains her water for several hours.

Feb. 4th. Stone caught four times to-day, the blades of the instrument being expanded from a fourth to a half an inch ; some blood followed the operation ; but she suffered so little that she brought her doll with her to the table, and when led away, insisted on coming back for it and remained quietly, talking with us for several minutes.

8th. Complained of great pain in voiding the urine to-day. Ordered the hip-bath.

9th. Some fever during the night ; tongue covered with a white fur ; ordered a dose of magnesia.

11th. Appears to be very well ; stone caught three times ;



instrument expanding one inch, a half an inch, and a fourth of an inch.

18th. Has passed several fragments since the last report, and a quantity of sand. Stone caught four times to-day.

20th. A large sound introduced in order to dilate the urethra.

25th. Passed three fragments the size of small peas since last report ; four small pieces were caught to-day and crushed.

26th. Passed a tea-spoon full of very small fragments since the last report ; stone caught twice to-day.

March 10th. Has passed several pieces since the 26th ; *one* very large one ; has been sounded very carefully, and nothing is to be felt in the bladder ; her general health is excellent, and she retains her water for many hours at a time, and when voiding it has no pain or inconvenience whatever.

April 25th. This patient was heard from to-day, and has continued perfectly well ever since.

During the whole course of treatment this little girl was allowed to run about her room, and was never confined to bed, except for one day, when she had a little fever, as mentioned on Feb. 9th. It will be seen, moreover, that the stone was of considerable size. At no time was any operation continued longer than three minutes.

CASE II.—*Male, aged 21 years ; cured in six weeks : twelve operations.*

Levi K., aged 21 years ; good general health ; has suffered for nine months from symptoms of stone. He was sounded in the country by a surgeon, who readily detected the stone, and advised the operation of lithotomy. His brother, who is a physician near Lancaster, brought him to Philadelphia, and placed him under the care of Dr. Randolph. He suffers but little, and has so little irritability of the bladder, that he can retain his urine all night.

Sept. 28th, 1840. After remaining here for a week, in the presence of Drs. Horner, Henderson, his brother, and myself, Dr. Randolph caught the stone, with a large sized Jacobson's instrument, twice, and crushed it ; the blades were open the first time to their full extent, when grasping the stone. The patient said that the operation was not more painful than the sounding to which he had previously submitted, Ordered twenty drops of laudanum, and to drink freely of flaxseed tea, with a small portion of sweet spirits of nitre in it, and to be confined to a vegetable diet.

29th. At 4 o'clock, P. M., had a severe chill, followed by fe-

ver ; ordered a hip-bath, and the application of bags of hot sand to the pubes.

30th. Is to-day as well as usual.

October 3d. Has passed three fragments and a small quantity of sand since yesterday. The stone was caught and crushed five times to-day. Made no complaint of pain.

Oct. 7th. Present Drs. Ruan, Jackson, Page, and M'Pheeters. The stone was caught three times to-day, and was so hard that it was necessary to wrap the screw with a towel, in order to be able to use sufficient force to break it.

Oct. 8th. Passed a round black portion, as large as a pea, which appears to be the nucleus of the stone ; around it there is a thin white layer, an analysis of which proves it to be the oxalate of lime covered by the phosphate.

Oct. 11th. Has passed three fragments ; stone caught four times. He has passed but little stone, although it has now been broken fourteen times altogether.

Oct. 15th. Caught the stone three times to-day.

Oct. 19th. Several large pieces of stone felt just at the neck of the bladder, which, probably by blocking up the urethra, prevent the smaller portions from coming away. To-day, the stone was caught four times, and one piece, judging from the expansion of the instrument, nearly an inch in size.

Oct. 25th. Caught four times. The bladder was very irritable after this operation ; he passed his water every three-quarters of an hour, and has had a slight chill followed by fever ; ordered laudanum injection and hip-bath. He has discharged a teaspoonful of fragments to-day.

Oct. 29th. Present Drs. C. D. Meigs and Wilson of Berwick. Operated on four times ; passed several pieces during the day.

Nov. 5th. Has passed about two teaspoonfuls of fragments, and three large pieces since the last report. The stone was caught four times. He suffers no inconvenience whatever, now from the operation, and dresses himself and walks about his room as soon as it is over.

Nov. 8th. Stone caught five times.

Nov. 12th. A large fragment lodged yesterday in the urethra, but was readily pushed back into the bladder by the sound. He passed in the course of a few hours a table-spoonful of fragments.

The stone was caught six times to-day.

Nov. 16th. Has passed a very large quantity since the last report. All that has come away nearly fills a common ounce box. The stone was caught to-day four times.

Nov. 23th. Has continued to pass fragments until yesterday,

when he said there was no more in his bladder, and upon sounding him carefully nothing could be felt, and he was allowed to return home.

This patient sent another one to Dr. Randolph two years after, and was at that time perfectly well. The case was a very interesting one, from the great size and hardness of the stone, and the number of times it was necessary to break it. It will be seen that it was broken no less than *forty eight times* in the twelve operations, and besides the mass of stone which fills an ounce box, a quantity of fine sand was passed which was not collected. The patient had fortunately a very healthy bladder, and consequently suffered but little from the frequent repetitions of the operation. There was a case under treatment at the same time who was cured in but two operations, the details of which are below.

CASE III.—*Male, aged 41 years; cured in six weeks; twelve operations.*

John D——, a farmer, from Columbia Co., Pennsylvania, six years ago received a severe blow on the back, which was followed by an attack of nephritis. For more than a year he has suffered from symptoms of stone; he has never passed any sand, nor can he recollect having an attack of nephritic colic since his injury. The stone was readily felt on sounding, and thought to be small. After remaining for a few days in town, he was operated on Oct. 29th, in the presence of Drs. C. D. Meigs, and Wilson of Berwick, immediately after the preceding case, and in the same room: the stone was caught three times.

30th. Has had a great deal of scalding in voiding his urine, which was tinged with blood. The violent straining in emptying the bladder has produced severe headache, which he states has frequently occurred from the same cause; ordered laudanum injection and four hours after a dose of castor oil. To drink freely of flaxseed tea with spirits of nitre in it. A hip-bath and warm sand to the pubes, &c.

31st. Passed a very bad night, pulse 90, and quick, tongue furred, complains of excessive scalding in voiding his urine; ordered a seidlitz powder, and to repeat the hip-bath and laudanum injection.

Nov. 2d. All his unfavorable symptoms have passed off.—Enough stone has been discharged to make, if put together, a mass nearly as large as a pigeon's egg. Says that he feels as if there was no stone left; not sounded yet, from a fear that the irritability of the bladder has not yet subsided.



Nov. 8. Has continued to improve until last night, when he was obliged to get up to empty the bladder, and says he feels something at the neck of the bladder. Upon sounding, a small fragment was felt and broken once.

Nov. 12th. Passed last night a few minute fragments, and upon sounding to-day nothing is felt.

A few days after this he returned home, and I heard from him four months after, when he remained perfectly well.

CASE IV.—*Male child, aged 4 years; cured in two weeks; two operations.*

Horace R., aged 4 years, has suffered from symptoms of stone for more than two years.

Oct. 8th. He was examined to-day. Present, Drs. Yardley and Kirkbride. Upon feeling the stone, a small sized instrument of Heurteloup was introduced, and the stone caught and broken three times. He does not retain his water any length of time, and is constantly wet. The stone is very soft, and broke very easily.

Oct. 10th. Is much relieved; has passed several small fragments.

Oct. 14th. The stone was caught once to-day; he now retains his water, and his mother says "is better than he has been for six months."

Nov. 5th. Has passed a few small pieces and a quantity of sand since the last report; nothing to be felt in the bladder. I heard from this patient two years after, and he remained perfectly well. This, I believe, was the youngest *male* child ever operated on by Dr. Randolph.

The following case of a child occurred in my own practice :

*Male child, aged 4½ years; cured in three weeks; three operations.*

Pearson H., aged 4½ years, has been sickly from his birth, and suffered much from disorder of abdominal viscera. Dr. J. F. Meigs, who is the family physician, requested me to see him, Nov. 7th, 1847, as he suspected the presence of a stone in the bladder. Upon sounding, it was thought that a stone could be felt, but his struggles were so violent, and the bladder contracted so forcibly, that we were not certain of it. He was ordered palliatives, with directions to be informed if any change took place in his symptoms.

March 18th, 1848. He has become much worse, and upon sounding him to-day a stone was unequivocally felt. After introducing a sound every day for a week to accustom the

parts to the presence of instruments, he was ordered a laudanum injection at 9 o'clock in the morning; and at 11 on the 25th, in the presence of Dr. J. V. Patterson and Dr. E. Wallace, I introduced a small sized instrument of Heurte-loup, and caught the stone and broke it *once*. A considerable quantity came out in the teeth of the instrument.

April 1st. Has been very comfortable since the operation, and retains his water for two hours at a time. The operation was repeated to-day, and the stone caught twice and broken readily. It is very soft, and upon analysis found to be composed of uric acid.

April 5th. Present Dr. F. West. Has passed half a tea-spoonful of fine sand since the last report. The stone was caught twice to-day and broken.

April 6th. Complains of pain in the urethra which was relieved by a laudanum injection. All his symptoms disappeared after this operation. He passed some fine sand for a few days. Upon sounding him a week after, the bladder was found perfectly free from any fragments. He soon after went to Cape May for the summer, and his father informed me a few weeks since that he remained perfectly well, and had had no return of his complaint since. As a matter of prudence I directed him to remain in bed after the operation, but he could not be persuaded to do so, and was allowed to be about his room, and during the treatment went about the house as usual.—*Phil. Med. Examiner.*

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ART. VI.—*Report of a case of Tubercular Meningitis.* By WM. H. MACNEVEN, M. D.

The subject of this report was a little girl of nearly five years of age, of a fair, delicate complexion, dark hair and eyes, and rather tall and slender form. For about four months previous to my attendance, she had experienced a gradual decline of health, which was manifested merely by diminution of appetite, disinclination to play, and occasional complaints of headache.

These symptoms were very gradual and irregular, and attracted little more than passing notice, until toward the period of my attendance, which commenced on the first of March, 1847. The headache now became more urgent, it recurred regularly in the afternoon, and began to be attended with appearances of more or less febrile excitement. The pain, though usually affecting the head, did not invariably do so, but was occasionally referred wholly or in part to the left hy-

pochondrium. Her bowels were sufficiently regular, though disposed to constipation. The urinary discharges were for a fortnight prior to my attendance a little less copious than natural, and had assumed within the same space of time a very dark, turbid appearance, to which the mother called my attention with considerable uneasiness. The deep brown tint presented by the urine was indeed peculiar, and I can compare it to nothing which would better represent its appearance than coffee, containing a small quantity of milk. A slight occasional cough was present, the existence of which had been observed only for a fortnight. The headache was strictly periodical, it came on daily about 1 o'clock, and was accompanied by much of the lassitude and febrile excitement of an ordinary, mild, intermitting fever. A very great remission regularly occurred about six o'clock in the evening ; but considerable restlessness was manifested during the beginning of the night, and complete relief would not occur, until after midnight, when her sleep generally became tranquil. In the morning she would awaken quite refreshed, return for a while to her childish sports, and pass the forenoon free from any apparent indisposition.

The pulse during this period of the day, (the forenoon,) afforded the only unfavorable indication ; it was preternaturally frequent. My attention was particularly struck by this circumstance, from observing that it prevailed during the absence of every other symptom of disorder ; it did not fall below 120, and what was remarkable, maintained its frequency during this part of the day with perfect uniformity, whether the child, when examined, happened to be sitting or lying, awake or asleep.

An examination of the chest carefully made at the commencement of my attendance did not enable me to detect any abnormal sound in the respiration. The urine, which was heavily charged with mucus, I had the curiosity to test by heat and by nitric acid, but no trace of albumen was exhibited. The progress of the disease in connection with its treatment was attended with some very curious changes, the details of which are rendered interesting from the opportunity, which was finally afforded, of satisfactorily determining its nature. Before proceeding I will sum up very briefly all the morbid phenomena which had thus far characterized it—a very gradual decline of flesh, strength and appetite for a period of four months ; headache, at first slight and irregular, but latterly more severe, periodical, and attended with some febrile excitement ; preternatural frequency of pulse, occasional cough, very turbid condition of the urine, (the two last symptoms of recent date,)



and the passage about three weeks previous to my attendance of a lumbricus.

The headache and occasional pain in the left hypochondrium could always be temporarily dissipated by the application of a sinapism to the dorsal portion of the spine. In commencing the treatment, irritation occasioned by worms in the intestinal canal, appeared to me to be the most probable immediate cause of disorder, and I accordingly directed for the first three days a vermifuge, which was followed by a dose of calomel and infusion of senna.

The alvine discharges gave no indication of the existence of worms, but were copious and natural, and a very satisfactory improvement seemed immediately to result from the treatment. Quinine was now administered in half-grain doses, three or four times during the early part of each day, with the effect of such improvement to the appetite, and such a complete removal of the headache and all attendant symptoms, that on the fifth day I discontinued my visits.

March 7th. The father called at my office from a walk, accompanied by his daughter on foot. She remained free from any indisposition, and continued to improve in strength and appetite; her countenance was, as usual, quite pale. Directed a combination of carb. of iron and rhubarb in small doses to be substituted for the quinine.

10th. Called in re-attendance. All former symptoms returned, has vomited twice, (the only instances in the progress of the case,) on both these occasions the sickness at the stomach was occasioned by the forcible administration of the rhubarb and iron, to which the little patient manifested a most unconquerable disgust. The muriated tincture was now substituted in small doses, and the quinine resumed. In the course of the three following days I was informed that the patient experienced more or less fever of a remitting type, the headache likewise became constant, attended with heat of head and sudden and irregular exacerbations of very acute pain; the fecal and urinary evacuations continued to be regular, and the morning pulse not to exceed 120. Apprehensive now of some insidious form of meningitis, I questioned the mother as to the reception by the patient of any previous injury to the head, and was informed that she had received a fall upon her back of some severity about the time her decline commenced, but whether the head had been injured by the fall was not known. Tinct. of iron and quinine discontinued, leeches directed to the temples, a brisk cathartic administered.

On the following day, 14th, A. M., I found the fever and headache to have been completely relieved; skin cool, pulse

110, lower than at any time hitherto observed. Blister to nape of the neck. The relief thus obtained continued for two days, when there commenced a renewal of the same train of symptoms which were present on my first visit.

Dr. F. U. Johnston, whose opinion and advice I now availed myself of, saw the case with me in consultation on the morning of the 17th. The pulse had again resumed its former rate, and indeed, with the exception of an increased expression of languor and debility, and a frequent gaping, there was nothing to distinguish the present appearance of the case from that which it exhibited at the outset of my attendance. Dr. Johnston was disposed to refer the symptoms to an obscure affection of the brain or its meninges, and thought the case would probably prove to be one of meningitis of a tuberculous character. He thought, however, that the indications which the present state of the case presented, were to meet the increasing debility, maintain the free action of the kidneys, and keep the bowels soluble; and suggested the expediency of fulfilling these indications by the moderate use of wine-whey, and the employment, at the same time, of alterative doses of calomel and extract of taraxacum. For three or four days a singularly deceptive amendment attended this treatment; the patient experienced a remarkable return of strength and appetite, and had daily one or two natural fecal evacuations, with increased and copious discharges of healthy looking urine.

21st. Found the patient awake, lying very composedly in the cradle, the recent favorable condition to all outward appearances continued; she answered very intelligibly any questions, and expressed herself as free from uneasiness. But to my surprise, in the face of these deceptive appearances, I found an extremely small and thread-like pulse, of 160. The parents, on my entrance, had been greatly encouraged. Returning by 3 P. M. I witnessed, as anticipated, a most unfavorable change in the whole aspect of the case; great restlessness, accompanied by partial coldness of the extremities, and either an entire inability, or an extreme indisposition to articulate. The pulse had increased in frequency beyond accurate enumeration, and was not less than 190 or 200; the respiration had become very short and labored. Directions were given for the applications of sinapisms, artificial warmth, and the administration of brandy and water at short intervals. At 6 P. M. the time of day hitherto attended by such marked remissions, the patient's father called at my office to announce that his child, whom I had left three hours before, under the belief that she was moribund, had regained strength enough to sit up in her cradle, had spoken quite intelligibly to the per-

sons about her, evinced no sense of pain or uneasiness, and had demanded and eaten with great avidity a half slice of bread and molasses. In less than an hour after this piece of intelligence, I was summoned hastily to the house, and received the following account: "Just after the father left the house the patient discovered so unusual a desire for food that she was taken from the cradle at her own request and seated at the tea-table; here, while in the act of eating a piece of bread, she almost completely lost the use of her left arm, and at the same time the ability to swallow. Her mother in first noticing this circumstance, observed the child to make several unsuccessful attempts to grasp a slice of bread with the left hand, which she had just before been using, and on failing with the left hand, to seize and convey it to her mouth with the other hand, but again after several times greedily filling her mouth with food, she removed it each time with her fingers from complete inability to swallow." She was immediately reconveyed to her cradle, and was soon after seized with a partial convulsion, from which she had not fully recovered on my arrival. The muscles of the face had only been convulsed. I found her in a state of trismus, the lower jaw being still closed upon the upper, immovable and much retracted; pulse so extremely small and frequent as to be almost imperceptible; extremities cold, skin bathed in perspiration; respiration labored; pupils somewhat dilated but moving freely under the influence of light; left arm and hand completely paralysed; the other hand was kept, by her, in constant motion, as if following and grasping at imaginary objects in the air. She appeared at the same time, to some extent, cognizant of objects and noises about her. Sinapisms and hot brandy fomentations were applied, and so soon as the jaws had sufficiently relaxed, a little brandy and water administered, which was swallowed with extreme difficulty. As night advanced she became very restless, but showed increasing strength, her speech finally returned, and for a short time she raved as one in a delirium. In the morning (22d) she had a natural evacuation of urine and fæces, recovered her intelligence, and was found to have regained, to a very considerable extent, the use of the paralytic arm and hand. In the course of the day she had three slight convulsions of short duration, confined to the muscles of the face—the first one of these was the most severe; the last one, which, occurred about 2 P. M. I had an opportunity of witnessing, and observed that she did not appear to lose all her consciousness. I directed the 24th of a grain of strychnia, (which was given by 3 o'clock,) to be repeated every three hours. On calling at 6 P.



M. I found that no convulsion had since recurred, her speech had improved, her intelligence was perfectly good, and the senses of sight and hearing were unimpaired. Within one hour from this time a rapid and fatal collapse ensued, and the child died tranquilly without the return of the slightest spasm or convulsion of any kind.

*Post Mortem*, March 23d, nineteen hours after death, (made with the assistance of Dr. Sabine.)

The membranes of the brain, about the vertex, presented no abnormal appearance, except a very trifling effusion between the arachnoid and pia mater. On elevating the posterior part of the brain, for the purpose of removing it, it was found bathed in about one and a half ounces of serum, which filled the fossa of the occipital bone. On inclining the head backward and elevating the body sufficiently, about two ounces of serum flowed from the spinal canal. The pia mater at the posterior, and particularly at the base of the brain, presented a very vascular appearance; its cerebral surface here, over a circumscribed patch of one and a half inches in diameter, near the centre of the middle lobe of the right hemisphere, was found thickly studded with tubercles which lined the membrane throughout its various convolutions, and which were confined in a remarkable manner to this locality. At the centre and focus of this space a tubercle about half the size of a small pea was found imbedded in the surface of the brain, immediately around which, for a line or two, the substance was softened. A very few scattered tubercles could be traced anteriorly into the fissure of Silvius, and one isolated miliary tubercle occupied the very centre of the medulla oblongata. The substance of the brain, which was carefully examined, was found to be throughout quite healthy, with the exception of the very small softened portion above noticed: the ventricles were almost empty, and presented some appearances of venous congestion over the thalami optici and corpora striata. On examining the lungs they were found studded uniformly, throughout their whole extent, with gray miliary tubercles of a large size and apparently of very recent and rapid formation. The spleen was the seat of two separate tubercular deposite; its upper portion for the distance of two inches from its apex was converted into a uniform gray substance, presenting the appearance of recent infiltration; while below this was a separate concrete tubercular deposite, about the size of a hickory nut, white at its borders, and of a deep ochre color in the centre. The kidneys presented a remarkable pale mottled appearance, and when laid open, the cortical substance was found to be much paler, and to have

encroached upon the tubular portion. The liver and other viscera were healthy.—*N. Y. Jour. of Med.*

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ART. VII.—*Bloodletting from the Jugular Vein in Puerperal Convulsions.* By HENRY A. RAMSAY, M. D. Raysville, Georgia.

The practice of opening the jugular vein in affections involving the brain, and particularly those incident to the puerperal state, is oftener suggested by authors than practiced by physicians. With an extensive obstetrical practice numbering several hundred cases involving every variety of disease common to that peculiar condition, I have never ventured to open the jugular, save in two cases; one of these proved fatal from the lateness of its adoption, the other which we will soon narrate, was successful, and from the decided impression it made in the latter case, I am induced to think, that the practice however herculean, is too seldom resorted to in that frightful malady which heads this paper. And to digress a little, just here, I will remark, that the application is certainly a most potent remedy, in all cases involving the brain and its appendages. To Dr. Hildreth of Ohio, we are indebted for the revival of the practice in infantile diseases, which is so generally efficient, and for which he deserves the thanks of his brethren. If children bear it so well, and with impunity, how much more applicable is it to adult age, where the diseases of this class exist in all their intensity, and protean forms, often defying the best directed efforts, and promptest remedies usually adopted.

But to the case in point. On the 27th April ult. I was called in haste to see Mrs. — of the County of W—. She had been delivered some five days previous of a fine healthy child, it being her first accouchment. The age of the patient was about 20. Her physical condition was stout and athletic.

At the time of my arrival she had had six *convulsions*. I received from the lady in attendance the following prelude to the case. On the evening before my visit, the patient complained of some pain in the forehead, with flushings of the face, dimness of the vision, and a "*good deal of swimming of the head.*" These symptoms did not excite much alarm and a dose of salts was given. On the 27th the patient grew worse, a fit ensued and I was called; when I arrived I found the patient lucid, her pulse full, tongue white, eyes injected, conjunctivæ red, face livid; patient alarmed, pain in the head, bowels loose, the temporal arteries were distended and throbbed violently, the patient expressed great fears of a return of the fits, six having occurred to this moment; I immediately opened

the left temporal artery and drew as much blood as I could well obtain ; I then premised a dose of Calomel and Ipecac, with cold applications to the head. About an hour had elapsed since the last convulsion, I was told. I had not more than completed my prescription and its administration, ere another convulsion supervened, which for violence I was informed exceeded any of the former. The face became suddenly flushed and dark purplish, the eyes rolled back and pupils dilated, the mouth was convulsively twisted to one side, and a quantity of foam rolled from it, the teeth were clenched and the foam came out with a hissing sound, the tongue was wounded, and the fingers of an attendant were violently mutilated by an attempt to prevent an injury of the glossal member; the muscles of the body were violently agitated and the limbs were thrown into unique and fixed positions, while the patient gave vent to the most terrific groans threatening suffocation ; during this time the blood-vessels of the neck and face were in a state of turgesence of an inordinate character. The convulsion lasted some fifteen minutes or longer, when it gradually subsided, the pulse began to rise, being small and almost imperceptible during the convulsive attack, the breathing became less oppressed, the muscular system became relaxed, the eyes and features assumed their usual positions, the patient was apparently comatose, and wandering when awake ; she continued in this condition of mental aberration for some half hour or longer, when her senses gradually returned, her pulse fully reacted, face red, and considerable fear of a return. At this stage of affairs, I determined to make a bold attack upon the affection, seeing it was my only hope of success, the convulsions growing longer and more violent. I accordingly opened the jugular vein and bled her a little over half a gallon, keeping my fingers steadily upon the artery. She bore it remarkably well, and without much flagging of the circulation. After bloodletting, I shaved her scalp and applied cloths constantly cold with water, sinapisms to the inside of the legs : repeated Calomel and Ipecac and followed it with Oleum Ricini et Croton Tigilium. In twenty-five minutes from the time I first opened the jugular, her pulse began to rise and her face to flush, and she complained of fulness and swimming in the head. I instantly opened the vein again and abstracted one quart of blood. The patient expressed relief, the face assumed rather a natural appearance, pulse a little soft and yielding ; continued cold and sinapisms ; after waiting an hour the pulse exhibited some fullness again and the patient complained of some pain in the head, face a little flushed. I opened the vein again and drew nearly a quart of blood (making



over a gallon) with a good deal of relief, the patient dropped into a gentle slumber, pulse soft, skin became moist, the face a little pale, no muscular twitching as in the first instance. The patient reposed for some two hours, awakened and expressed considerable relief. I ordered 20 drops of Tinct. Digitalis and  $\frac{1}{4}$  grain Acet. Morphine at 12 M. and left.

28th April, 10 A. M. Called again to see patient according to promise, found her quiet, pulse soft, skin soft, and a gentle transpiration perceptible, tongue moist, complains of no pain in the head, has had no return of fits, her face is pale, her features look natural, she slept finely during the night, and complains of some thirst. The pulse being soft, but a little quickened, I prescribed continuation of *cold to head*, with a powder of Calomel, Nitre and Ipecac, as the previous prescription had not passed off sufficiently.

29th. Called to see patient, found her a little febrile, face flushed a little; had passed the night well, save some griping of the intestines prior to evacuations, no return of fit. Ordered Blue mass and followed with Magnesia, also Spts. Nit. and Digitalis, 40 gtts of former, 8 gtts of latter, every six hours.

30th. Called to see patient, found her calm, cool, and free from excitement, bowels easy and had passed off well. Left her with some general directions as to her future course, considering her perfectly fair for a speedy convalescence to health.

May 8th, 1849.

*Annalist.*

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## PART THIRD.

### FOREIGN INTELLIGENCE.

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#### PRACTICAL MEDICINE, &c.

##### 1.—*Œdema of the Glottis.*

M. BAIZEAU (*Gazette des Hopitauz*, 1849, No. 20) relates an interesting case of this affection. A soldier complained, on the night of the 8th of February, of slight angina, which next morning was regarded by the surgeon as of little consequence. During the night of the 9th his symptoms became much exasperated; and as they were about to remove him to the hospital on the morning of the 10th he died asphyxiated. The tonsils were found scarcely enlarged. One of them contained some plastic exudation, mingled with a little pus. The mucous membrane was colourless, save here and there a patch of ecchymosis. The epiglottis and arytenoid-epiglottic folds were found considerably swollen, and did not subside under pressure of the finger. The mucous membrane covering them was sprinkled with reddish-brown spots, and was thickened and gorged with blood, a whitish plasma being effused beneath it, much resembling the matter found in cerebro-spinal meningitis, and

not removable by scraping. An œdematous state of the glottis existed, especially on the left side; but the obstruction, unless this were greater during life, could scarcely produce asphyxia. The œdema glottidis was in this case dependent upon the phlegmasia of the epiglottis, just as œdema in the vicinity of hepatized portions of lung is dependent upon pulmonary inflammation; and probably several cases of asphyxia, which are attributed to amygdalitis, really depend upon this cause.

M. Bazzoni (*Gazette Medicale*, 1849, No 7,) furnishes a case still more sudden in its termination. A young girl, 20 years of age, in perfect health, and much addicted to very noisy singing, was attacked one evening with shivering, hoarseness, and difficulty of deglutition. At midnight intense dyspnœa set in, accompanied by a small pulse, and two hours afterwards she died, while preparations were making for performing tracheotomy. The only thing discoverable after death was great œdema of the cellular tissue of the entire larynx, unaccompanied either by redness or ulceration.

[To the above cases we are enabled to add another, which occurred a short time since in our own practice. A young man, æt. 20, previously in good health, was affected with slight *angina tonsillaris*, for which a blister and saline aperients were ordered. After the action of these he seemed, next day, much improved, and was left late at night by his friends, talking cheerfully, though in a subdued, almost whispering voice. They heard him making a strange noise about seven the next morning, and on entering the room found him dead. On a careful examination of his body, made by Mr. Swan, no other morbid appearance was discovered (save a few old pleuritic adhesions) than an œdematous state of the glottis and epiglottis, sufficient doubtless, with attendant spasm, to obstruct the entrance of air. The body, however, at the time of death presented none of the external signs of death from asphyxia. These cases are distressing in the extreme to the practitioner, as from the slightness of the preceding symptoms his prognosis is at fault, and from the suddenness of their termination the appropriate treatment is not available.]

When the disease is of more gradual growth than in the above cases, and set forth by its appropriate symptoms, Dr. Buck (*American Journal Med. Sciences*, No. 33, p. 240] has found scarifying the epiglottis and glottis a very successful practice. The patient is seated in a chair, with his head thrown back, and supported by an assistant. He is directed to keep his mouth wide open, or this is done for him by the insertion of a gag between the molars of the left side. The forefinger of the left hand is now passed in at the right angle of the mouth, until it reaches the epiglottis, and then it may generally, with but little difficulty be carried above and behind this part, so as to overlap it and press it forwards to the base of the tongue. This done, a narrow, curved knife is introduced, with its concavity downwards, along the finger, until its point reaches the nail, when, by raising the handle so as to depress the blade, the cutting extremity is brought between the edges of the glottis, and is rotated from one side to the other, imparting a cutting motion to it during its withdrawal. This may be repeated, without removing the finger, two or three times on either side; and the margin of the epiglottis, and the swelling between it and the base of the tongue, may be scarified still more easily by the knife, or a scissors curved flatwise. The disagreeable sensation of suffocation is soon recovered from; a slight hemorrhage follows, which should be encouraged by tepid water. In all the cases the operation has required one or repetitions. Eight

cases of the disease have occurred in the New York Hospital in eleven months, in five of which scarifications were performed with success; the other three patients, in whom they were not resorted to, dying.—Dr. Buck particularly dwells upon the *swollen state of the epiglottis* as a pathognomonic sign, ascertainable by the finger. The author was not aware that any one had performed an analogous operation except Mr. Buck, who treated two cases with success by repeated punctures made at the back of the tongue, uvula, and pharynx. Since he wrote his paper, however, he has learned from Valleix that Lisfranc scarified the glottis with success in five cases.—*Med. Chi. Review.*

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2.—*On a newly-discovered substitute for Bread, adapted for Diabetic Patients.* By JOHN PERCY, M. D., F. R. S., &c., Birmingham.

It appears to be now generally admitted, that in the treatment of diabetes mellitus, amylaceous matter should, in a greater or less degree, be excluded from the diet; but, as is well-known, under such restriction of food, the diabetic patient soon becomes weary of the ordinary kinds of azotised matter, as beef, mutton, &c.; hence various substitutes for common bread have been proposed. Some years ago, my friend Mr. Morson, of Southampton-row, London, prepared, at my request, specimens of bread containing gluten in various proportions; but it was only relished by the patient when it contained a considerable quantity of starch; and when the proportion of gluten was increased beyond a certain amount, it became so tough and tenacious as to be extremely disagreeable. I have also made trial of gluten bread prepared at Paris, whence it was brought by Mr. Morson, but with no better success. Recently, Dr. Prout has published a receipt for a kind of bread devised by his patient, the late Rev. S. Rigg, [*vide* "Stomach and Renal Diseases," fifth edition, p. 44,] and this is probably the best substitute for common bread which has hitherto been produced.\* Some time ago, Mr. Charles F. Palmer, of this town, prepared for me, with great care, specimens of bread from Dr. Prout's receipt, but patients to whom it was given complained of some difficulty in swallowing it, owing to the large quantity of bran which it contained. Mr. Palmer then suggested the use of the matter of rasped potatoes left after the complete removal of the starch by washing, to replace the bran. He carried the suggestion into practice, and produced a kind of bread which I think deserves the attention of the profession.

It has been employed in the general hospital of this town, especially by my friend Dr. James Johnstone, and also by several private practitioners, with decided advantage. In composition it may be considered as Mr. Rigg's bread, in which the bran has been replaced by the residual matter of the potatoes above mentioned, and in fact of its being rendered light and porous by hydrochloric acid and carbonate of soda, precisely as is the case with Dodson's unfermented bread.

I here introduce Mr. Palmer's receipt:—take the ligneous matter of sixteen pounds of potatoes, washed free from starch; three-quarters of a pound of mutton suet; half a pound of fresh butter; twelve eggs;

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\*I do not mean by this to assert that bread deprived of a portion of its starch is not preferable to common bread, for diabetic patients.



half an ounce of carbonate of soda; and two ounces of dilute hydrochloric acid. This quantity to be divided into eight cakes, and in a quick oven baked until nicely browned.

It is, as must be obvious, an expensive article, but with many diabetic patients this will not be an object of consideration. It is somewhat improved in taste by being slightly toasted. At first, gum arabic, in sensible quantities, was introduced into this bread, on the ground of the assertion of Professor Graham, that when that substance is taken by a diabetic patient, the proportion of sugar evolved from the system is not thereby increased, and that, consequently, it might probably supply matter for pulmonary oxidation. However, it was found that it rendered the bread tenacious and disagreeable, so that its use was subsequently abandoned.

I wish it to be understood that whatever merit there may be in the production of this bread, is entirely due to Mr. C. F. Palmer.

My friend Dr. Evans has suggested, and I think with reason, that the bread might probably be improved by the addition of a certain proportion of bran; and accordingly, Mr. Palmer has already made some experiment upon the addition of bran, and with a satisfactory result.—*Lancet*.

### 3.—Statistics of Insanity.

Dr. PEDRO-MARIA-RUBIO, physician to the Queen of Spain, has just published comparative statistics of insanity in the different countries of Europe. The proportion of insane individuals to the population is, in Scotland, one in 417 inhabitants; in the canton of Geneva 446; in Norway, 550; in Belgium, 816; in England, 700; in Prussia, 1000; in Holland, 1233; in Spain, 1667; in France, 1733; in Ireland, 2124; in Italy, 3698; in Piedmont, 5816. In France, Belgium, and Holland, there are more insane women than men similarly afflicted; the reverse obtains in England, Prussia, Russia, Italy, and Spain. The cures and deaths have been in the following proportions.—In the last century, there were reckoned 35 cures out of 100 patients; 62 in Liverpool; 17 in Lincoln; eight in York; 27 in Geneva; 29 in Bicetre; 33 at the Salpetriere; 33 at Charenton (these three last places are in the neighborhood of Paris); 65 in Bologna; 40 in Genoa; 17 in Turin; 45 at the Hopital la Charite in Berlin; and 38 in all Spanish hospitals. The number of deaths in the latter hospitals has been 25 per cent.—*Lancet*.

### 4.—On Ozone and Influenza. By Dr. SPENGLER.

Believing Schonbein's recent observations to be of a highly important character, Dr. Spengler calls upon the practitioners in various parts of Europe to put them to the test; and offers, as a small contribution, an account of what he himself has observed at Roggendorf.

At the end of the year 1848, many slight catarrhal affections prevailed, but no ozone whatever was detectable. With the new year, catarrhal affections of the bronchial and Schneiderian membranes and of the fauces became exceedingly frequent. Almost every one was coughing. Influenza in fact prevailed over the entire vicinity, and the reagents

showed abundance of ozone to be present. Gradually as the disease diminished, so did the indications of the presence of this substance.—Strips of paper, smeared with a mixture of iodide of potassium and starch-paste, formed a most delicate ozonometer. At first the paper assumed a slightly yellow colour, then a darker one, and at last a dark brown.—*Henle und Pfeufer's Zeitschrift*, vol. vii, p. 70.—*Med. Chir. Review*.

## SURGERY.

### 5.—*On the Purulent Ophthalmia of Infants.* By MM. VON AMMON and MILDNER.

Dr. WENGLER furnishes an account of the treatment pursued by Von Ammon in this destructive disease. A collyrium is prepared, consisting of 3 or 4 grains of ext. belladonna, 6 to eight drops of aqua oxymuriatica, and three or 4 oz. of water. By means of a small fine sponge dipped in this lotion, the morbid secretion is gently removed from between the eyelids, and a few drops then inserted, after which fine linen compresses, also soaked in the lotion, are kept applied to the eyelids. In half an hour all this has to be renewed, the cries of the child announcing the discomfort produced by the accumulation of the secretion; and the removal of which from the ball of the eye is a great source of ease to it. After a while the belladonna is increased to 5 or 6 grains, and the aqu. oxym. to 10 or 15 drops; the lotion being continued as long as the morbid secretion is produced, and being used at a higher temperature if the swelling is great, or the discharge ichorous. The indications sought to be fulfilled by its employment are, the diminution of the spasmodic action and turgescence of the eye, and the procuring the enlargement of the pupil by means of belladonna, while the secretions of the part are improved, and decomposition prevented, through the agency of the aqua oxymuriatica. Internally purgatives are administered.—*Journal for Chirurgie*, Band viii, p. 598.

More than 600 cases form the basis of Dr. Mildner's Essay; and during only fourteen months of 1844–5, 300 infants were treated for this disease in the Prague Foundling Hospital. It commenced most frequently between the 6th and 9th day, and only 7 out of 300 cases was it confined to one eye. The mean duration of the disease was 29 days. Of the 300 cases, 111 had ulcerations of the cornea, but in 62 these were not sufficiently serious to interfere much with vision. Ten children (in 300) were blinded, and 37 died of various diseases. In 112 cases there was also disease of the digestive organs, in 102 jaundice, and in 94 pharyngeal exudations.

The *catarrhal form* of the disease may be either local, or a symptom of a general affection; and most of the children, in fact, manifested “an *albuminous crisis of the blood*,” characterised by a catarrhal state of the mucous membranes, marasmus, and debility. The influence of atmospheric causes was obvious, and often when the wards were overcrowded with puerperal women, especially if the air were moist and cold, from six to ten infants would be seized on the same day, and usually in both eyes. When, too, the catarrhal affections took on a “septic” character, numerous cases of umbilical phlebitis, purulent infection, gangrenous erysipelas, croup, &c. were observed. The *croupal form* of the disease

is characterised by exudations of various thickness, which may assume the membranous form with newly-created vessels, and is often accompanied with the development of false membranes in the mouth and pharynx. When this variety took on the "septic" character; loss of vision might be predicted, though but a small portion of the cornea was affected.

It is very important to decide whether the disease is merely *local*, or symptomatic of a *general* affection. The former is the case when the mother is healthy and the child well nourished, the influence of an external agent recognisable, symptoms of catarrh, or exudations of the other mucous membranes, absent, and one eye alone affected, at least at first. It then rarely gives rise to large ulcerations, and causes fever only when the inflammation is intense. Its prognosis is favorable, and the influence of caustics is speedy and beneficial. When, however, the reverse of the above circumstances prevail, we should regard pyophthalmia as only symptomatic of a general diseased condition.

*Treatment.*—During 1836-9, of 454 children affected with pyophthalmia, 29 lost their sight, and during the following years but 22 in 689, and 10 in 300—an amelioration especially due to the improved hygienic conditions affected. When the disease is local and confined to the conjunctiva, especially when produced by the contact of gonorrheal or syphilitic poison, it will yield readily to the nitrate of silver (grs. 1 to 4 to 4 oz.)—*Annales d'Oculistique*, Ser. 4, tom. ii, p. 140.

[Terrible as are the devastations frequently committed by this disease in children's hospitals, it will usually be found rapidly tractable in private practice, providing from the first the hourly injection of a stimulating lotion into the eye be industriously persevered with until the discharge has markedly decreased. The practitioner must, however, show the parent how this is to be done, or the lotion will never come in contact with the diseased part; and he must rigidly insist on this frequent repetition. Either alum (grs. v to x ad oz.) or the nitrate of silver (grs. ii. to v ad oz.), which, if the case proves tedious, is preferable, may be employed.]—*Ibid.*

6.—*New Operation for Congenital Phymosis.*—By W. COLLES, F. R. C. S.  
(*Dublin Journal of Medical Science for February.*)

I have been in the habit, for sometime, of removing the deformity by a simple and very effectual operation. I seize the edge of the prepuce, at its fold forming this narrow band, in the left hand, and holding the scalpel in the right, and at right angles with the penis, I remove a circular portion of skin, about a quarter of an inch wide. The outer fold of skin being loose, is then drawn back on the penis, leaving the glans covered by the inner and tighter fold. I then divide this layer about half way back, more or less, slitting it up exactly in the centre, by passing a sharp-pointed bistoury under it. We have now the outer fold of skin loose, with a large circular orifice; the inner, or more contracted portion, presenting also an orifice, but larger by double the perpendicular incision, which forms two angular flaps.

I then turn these flaps outwards, and by a suture attach each angle to the edge of the external skin, at about a quarter of its circumference from the frænum; a slight suture at the frænum completes the operation. I then draw all forward so as to cover the glans.



In two or three days I remove the sutures, and generally find the wound healed, leaving a covering for the glans, differing in no respect from the natural and perfect prepuce; and in some cases it would be difficult to know that any operation had been performed, or that any had been required, on this part

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### OBSTETRICS, &c.

#### 7.—*Puerperal Insanity.* By Dr. WEBSTER.

In a valuable communication to the Westminster Medical Society, on the subject of puerperal insanity, Dr. Webster entered at considerable length into the statistics of the disease. To illustrate its frequency as compared with that of other forms of mental derangement, he stated, that in 1091 curable female patients recently attacked by insanity, and admitted into Bethlehem Hospital, during the last six years, 131, or one-eighth of the whole, were puerperal cases; thus showing that the malady is not so unfrequent as many may perhaps believe. Again as to the curability of this form of mania, more recoveries were reported than in the other varieties of lunacy; 81 puerperal patients having been cured, or at the rate of 61.83 per cent.; whereas the average recoveries during the last twenty years, in all cases of insane females treated at this institution, was 53.67 per hundred. Hence, three in every five cases of puerperal insanity may be confidently expected to get well within a year. In regard to hereditary tendency to mental disease, 51 of the 131 patients were so predisposed, or 30 per cent.; whilst 41 were suicidal, being at the rate of 31 in every 100. Both these peculiarities are of much importance in this malady, and materially influence the disease, its progress, and result. The total deaths in the 133 puerperal patients amounted to six, or four and a half per cent., thus making the average rate of mortality nearly the same as in the other species of insanity, taken collectively. The particulars of the cases, and pathology, next occupied attention, and Dr. Webster stated, that three of the six patients who died were suicidal and hereditary; one was only hereditarily predisposed to insanity, but not suicidal; whilst two, it was reported, had neither of these peculiarities; and none ever were insane previously.—In addition to these facts, Dr. Webster also mentioned, that half the deaths occurred in patients who were not affected longer than fifteen days, the shortest period being eleven days, and all were attacked by insanity within seventeen days after their confinement. In none of the dissections were any morbid appearances observed in the abdomen, but the lungs always appeared to be diseased, and also the brain and membranes. The details of one autopsy were then described, as a specimen of the diseased changes of structure frequently met with in puerperal mania, the principal morbid alterations being, turgidity of the blood-vessels of the brain and membrane; large, bloody points on cutting the cerebral substance; slight serous infiltration of the pia mater, and considerable effusion of fluid in the fifth ventricle; adhesion and purulent ulceration were noticed in the left lung, with hepatization in other portions of that organ, and in the right lung partial pneumonia in the congestive stage. Although this patient had been delivered only twenty-six days prior to her death, no corpus luteum could be discovered in either ovary, nor any diseased changes of structure in the abdomen.—

Notwithstanding it appeared rather a digression, the author, in his paper, remarked, that gangrene of the lungs, however rare an occurrence in persons carried off by bodily disease, but without any mental affection, sloughing of that organ was not unfrequent in lunatics. He said it was so in his own knowledge, and others had also made similar observations, especially in continental asylums for the insane. Dr Webster afterwards alluded to the treatment of puerperal insanity; and considering cerebral irritation combined with great exhaustion on the nervous system generally, to constitute the true character of this disease, and that it rarely, if ever, proves inflammatory, he thought depletion, or the use of strong antiphlogistic remedies, became very seldom admissible.—Leeches appeared in some cases advisable, but even then should be applied with great caution, and their effects carefully watched. As a general maxim, the author advised the same principles to be followed in the treatment of this malady as in delirium tremens, since the nature of the two diseases were somewhat analogous. Opium, camphor, ammonia, and aromatics, with some of the diffusible stimuli, proved excellent remedies, and ought to be chiefly relied upon. When opium fails to procure sleep, so beneficial in this, as, indeed, in every form of insanity—then conium, hyoscyamus, or Indian Hemp, may be substituted. Mild purgatives, to open the bowels, and sometimes cathartics should be prescribed; but powerful drastic medicines are seldom advisable. Enemata also are useful, and sometimes with turpentine. When the disease assumes a more chronic form, setons or tissues may be made in the neck, &c. The shower-bath, from its strengthening influence, then acts beneficially, whilst tonic remedies, with more nutritious food, become necessary, and prove advantageous; indeed, low diet is very often prejudicial in insane patients, and it has been long remarked in many asylums, that improved nutriment, especially in lunatics, frequently becomes a powerful means for promoting recovery. In recent cases of puerperal insanity, when the circulation is accelerated, accompanied by evident congestion of the brain, leeches to the temples, and behind the ears, or blisters, might then be applied, and afterwards cooling lotions, with ice to the head; whilst tartar emetic, or ipecacuanha, in nauseating doses, and digitalis, may be administered for the same object. Besides medical treatment, moral means, with judicious occupation and amusements, proper for the patient, must not be overlooked, as these very often constitute important adjuncts in the management of the Insane.—*Lancet*, Dec. 2, 1848.

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## PART FOURTH.

### BIBLIOGRAPHICAL NOTICES AND REVIEWS.

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- 1.—OBSTETRICS: The Science and the Art. By CHARLES D. MEIGS M.D., Professor of Midwifery and the Diseases of Women and Children, in the Jefferson Medical College of Philadelphia. One of the Physicians to the Lying-in Department of the Pennsylvania Hospital; Vice-President of the Phil. College of Physicians; Member of the American Philosophical Society; of the American Medical Association, etc. etc.

With one hundred and twenty-one Illustrations. Phil. Lea & Blanchard, 1749. pp. 685.

- 2.—A Practical Compendium of Midwifery; Being the Course of Lectures on Midwifery and on the Diseases of Women and Infants, delivered at St. Bartholomew's Hospital, by the late ROBERT GOOCH M. D. Prepared for publication by GEORGE SKINNER, Member of the Royal College of Surgeons, London. Fourth American edition. Philadelphia, Edmond Barrington and Geo. D. Haswell. 1849, pp. 339.

Systematic works upon Obstetrics as well as upon most of the other practical departments of Medicine are rapidly multiplying. Sometimes a real advance is made and a really valuable book produced, sometimes only a meagre compilation of the thoughts and labors of others with little more of originality than what is expressed on the title page. Both the works whose titles are given above, possess sterling merit. Neither of them is entirely new to the profession, and the writers of both are well known and highly esteemed. Dr. Meigs' book is an elaboration of the Philadelphia Practice of Midwifery, published many years since, though it seems to have been re-written and is now issued without any reference to its former appearance.

We recommend this work to Practitioners and Students as a safe and efficient guide in the performance of the delicate and oftentimes difficult duties which devolve upon the Obstetrician. Its author has had a very large experience, and few men in this country are better qualified to instruct us, in this department of the healing art.

With this general commendation we must be permitted to quarrel a little with the author's style. We do not care very much for quaint expressions, if they are always intelligible and we like even a marked individuality if it does not necessarily involve an extra expense for dictionaries. When a book is written for common people, it should be written in a language which common people understand, and when a professional work is put forth for the instruction of tyros as well as proficients, the more common and better understood language of that profession should be used. If one Greek word has become technically naturalized, why drag in another of similar signification to express the same thing? It may, to be sure, show one's learning, but it is often very annoying to the reader. With the exception of this proclivity of Prof. Meigs to what may be called the fantastic in style, we regard him as one of the most practical and useful of medical writers. His writings are readable and are extensively read; it may be that the very quaintness of his style contributes to this; but at the same time, we must confess our preference for good, old, plain, homely, simple English.

The writings of the lamented Gooch are well known and highly appreciated in this country. It is always interesting to read the teachings of a master in any science or branch of science to which we may be devoted. These lectures will amply repay a careful perusal.



3.—EFFECTS of CHLOROFORM and of Strong Chloric Ether, as Narcotic Agents. By JOHN C. WARREN, M. D. Author of "Etherization with Surgical Remarks" etc. Boston. William D. Ticknor & Co. 1849, 12 mo. 66.

This is a well written and exceedingly neat pamphlet, from the pen of one of the most distinguished Surgeons in the Union. It must be conceded that our brethren of Boston have taken the lead of the rest of the world in their investigations into, and experiments with, those agents now known as anæsthetics. Though it is difficult to decide positively to whom the credit of the original discovery belongs, it is acknowledged on all hands, that, from Boston did a certain light first shine, and, if we remember aright, the distinguished author of the pamphlet before us was the *first* to perform a capital operation upon a patient while under the anæsthetic influence of ether. When Chloroform was introduced to the notice of the profession by Prof. Simpson, not a day elapsed, after the reception of the news before experimenting began. The result of these was an almost entire abandonment of the "Letheon" and a subscription of fealty to the new power. The latter was found more rapid in its action, more pleasant, more uniformly effectual, and it was supposed, equally safe.

Thus matters stood for sometime. Chloroform ruled the hour, and "all went smoothly as a marriage bell." The enthusiasm extended, first to the profession and then to the public, until many of the former could not pull a tooth or depress a cataract without putting their patients to sleep, and the latter took to inhaling Chloroform as it does tobacco smoke, for its own amusement. Our readers are aware that we did not partake in this general enthusiasm. While we rejoiced that the wonderful discovery had been made, we could not understand how agents that produce so powerful and apparently often alarming effects upon the system, could be used, indiscriminately, on every trivial occasion, without sometimes producing serious, nay fatal results. The event justified those fears. Death was caused in repeated instances, and in many more were troublesome but less serious effects produced. In a number of these cases, no organic disease was found on examination and the conclusion is inevitable that we have no means of *knowing* when chloroform inhalation is entirely safe.

Dr. Warren gives a list of all the fatal cases that had been reported up to the time his pamphlet was issued. These including five cases detailed in the postscript, amount to fifteen. The last case occurred January 24, 1849. Since that time several more have been added to the list, though we are unable to say precisely how many.

With reference to the comparative safety of Ether and Chloroform, the author observes :

"Ether is generally safe ; chloroform cannot be said to be safe in any case. *It has destroyed the feeble and the strong, the sick and the well, the*

*young and the middle-aged; and no practitioner can be reasonably assured in his own mind, that it will not prove fatal the next time he employs it."*

To obviate this danger in a degree, and, still to retain all the comparative advantages of the Chloroform, Dr. Warren proposes the use of strong chloric Ether as a substitute. He has used it in a large number of cases and always without *any unpleasant effects*. He says:

"I have never seen or heard of any accident from the use of chloric ether, which gave me reason for discontinuing it; and I think I can confidently recommend it to the profession, as more safe than chloroform and more agreeable than sulphuric ether."

The Ether is prepared by Mr. Little of Boston in the following manner:—

"Take the first run (that is, what passes first in distillation) when distilling chloroform, and re-distil from water containing an excess of lime, which gives a perfectly pure 'chloric ether,' free from chlorine or any other impurity. We furnished Dr. Warren with different samples, until he was satisfied with the strength, and since then have uniformly made it of the same quality." Our 'concentrated chloric ether' contains 33 $\frac{1}{3}$  per cent pure chloroform, the remainder being nearly absolute alcohol (containing but about 4 or 5 per cent of water)."

We are glad to see so high an authority as Dr. Warren entering his protest against the resort to anæsthesia on every trivial occasion. If it is absolutely safe there can be little or no objection to this, but no one will now have the hardihood to say that it is. As accidents are liable to occur at any time, we will give the author's "*Means of preventing and remedying the bad effects incident to the Chloroform practice* :

*First*, To use chloric or sulphuric ether, for the purpose of producing narcotism in surgical operations, in preference to any other agent.—*Second*, Not to use narcotism for trifling operations. *Third*, Where the operation is not very severe and prolonged, to produce only that degree of narcotic influence, which destroys the susceptibility to pain, without abolishing the intellectual functions. *Fourth*, To be careful that the patient does not get an exclusive inhalation of the narcotic vapor, but obtains with it a sufficient quantity of atmospheric air to carry on the oxygenation of the blood; and, when he is unpleasantly affected by the first impulse of this vapor, not to press it too harshly upon him. *Fifth*, When a powerful application is required, as in cases of the reduction of hip-dislocation, the patient should always be bled before etherization.—It is very desirable, that a powerful narcotism should never be produced, without previous abstraction of blood, except in cases of great debility. *Sixth*, The respiration and pulse should be carefully watched, during the whole operation, by one in whom the operator can confide. *Seventh*, When the pulse intermits, and respiration is suspended, inhalation should not be continued. *Eighth*, The position of the body does not appear to exert a particularly unfavorable influence; of the fatal cases, five occurred in the sitting posture, four in the horizontal, and one in a state of flexion forwards on a table. *Ninth*, Whenever etherization is to be accomplished, there should be a sufficient number of assistants present, to guard the patient if he should become violent. *Tenth*, To protect the face, a small towel is folded in a funnel-like shape, in the

apex of which is placed a sponge, double the size of an egg, charged with an ounce of chloric ether; or the liquid may be poured directly on the interior of the cloth. *Eleventh*, Chloroform or ether should not be administered upon a full stomach, nor in cases of epilepsy, of active organic disease of the heart, of acute affection of the lungs, or in a hemorrhagic tendency of these organs. *Twelfth*, The fatal effects of chloroform, in almost every instance, have been produced by small quantities."

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- 4.—**LEXICON SCIENTARIUM.**—A Dictionary of Terms used in the various Branches of Anatomy, Astronomy, Botany, Geology, Geometry, Hygiene, Mineralogy, Nat. Philosophy, Physiology, Zoology, &c. For the use of all who read or study in College, School, or private life. By HENRY McMURTRIE, M. D. etc. Professor of Anatomy, Physiology and Natural History, in the Central High School of Philadelphia. Philadelphia, E. C. & J. Biddle, No. 6, S. Fifth st. 1847.

This little work has been laid on our table and from a pretty close examination, we think it a very useful one for the purpose for which it was designed. It is hardly full enough for the professional student who will find all he desires in the more elaborate scientific dictionaries, but for the general student or reader it will often be found quite useful. The most common terms in the different sciences are given with their derivation and signification. Where the Greek characters are used, the form and pronunciation are given in italics. On the whole it is a very convenient book to have in one's study.

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- 5.—**RESEARCHES** upon the Vital Dynamics of Civil Government. By BENNETT DOWLER, M. D. of New Orleans, Corresponding Member of the Academy of Natural Sciences of Philadelphia &c. (Reprinted from the N. Orleans Med. & Surg. Journal.)

This is a curious and very interesting pamphlet upon a very important subject. Dr. Dowler seems to have, upon this subject as upon others the power to think, to reason and conclude for himself. New paths, new ideas, new theories, neither alarm nor deter him. This little *brochure* contains a very large amount of statistical facts and information and will be read with interest by all classes of readers. The main idea which the author maintains is, that increase of population depends, not upon a scarcity or repletion of food, not upon climate or situation alone, but mainly upon the civil and especially upon the religious freedom of the masses. The United States with a comparatively insignificant immigration, has doubled its population about once in 25 years, while Mexico and all the Southern American States have either remained nearly stationary or have actually retrograded. Hosts of similar facts are given, and, whether the theory be true or false, a very strong case is made out.



- 6.—EXTRACTS from My Note Book.—By LEWIS A. SAYRE, M. D. Prosecutor to the Professor of Surgery, Coll. Phys. and Surg. University of the State of New York.  
(Republished from the N. Y. Jour. of Med.)

We thank our friend Dr. Sayre for sending us these very interesting cases. The first, a remarkable case of Chorea is re published in the present No. of the Journal. *Case 2d* is one of Spina Bifida, in which the tumour was removed by ligature and although it contained two large nerves, one of them as large as the median of an adult, which ramified upon the circumference of the tumour, the child recovered perfectly. *Case 3d.* was a similar one, in which an operation was prevented by the death of the child from enteritis. The last two *Cases* are of chronic abscess in the cellular tissue of the peritoneum.

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- 7.—REMARKS on the Construction of Obstetrical Forceps, with a description of an Instrument employed by JAMES P. WHITE, M. D. Prof. of Obstetrics in the Univ. of Buffalo.

The drawings which accompany the description of the above instrument make it quite intelligible, which we could hardly do without them. Prof. White's reasoning is very satisfactory and we have no doubt his instrument is a real improvement. We wish they were on sale here.

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- 8.—LECTURES. 1. Valedictory Address to the Graduating Class of Geneva Medical College at the Public Commencement, January 23, 1849. By CHARLES A. LEE, M. D. Prof. of Gen. Pathology and Materia Medica.  
2. The Philosophy of Medicine. An Address delivered before the Graduates of the Medical College of Georgia, on the 20th of March, 1849. By JOHN LECONTE, M. D. Prof. of Natural Philosophy and Chemistry, in Franklin College University of Georgia.  
3. Lecture on Epidemic Cholera, delivered in the Hall of the Philadelphia College of Medicine in May 1849, at the request of the Medical Class. By THOMAS D. MITCHELL, M. D. Prof. of the Theory and Practice of Medicine in the Phil. College of Medicine and late Prof. in the Med. Dep. of Transylvania Univ. Lexington, Ky.  
4. Introductory Lecture to the Summer Course of 1849, in the Philadelphia College of Medicine. By HENRY GIBBONS, M. D. Professor of Institutes and Med. Jurisprudence.

We have time to give only a brief notice of the above Lectures. That by Prof. Lee is a most excellent, plain, practical, discourse, just such as the class needed, and such as few men can give as well. We can only give the following extract, in the hopeful spirit of which we sympathize:

"Gentlemen, when I look abroad upon the face of society, I think I see the dawn of a brighter day. Empiricism would seem to have rung nearly all its changes. Its disguises have become so film-like and gauzy, that the dullest vision can penetrate them; its pretensions have become so palpably absurd, that the "way-faring man, though a fool, need not err therein!" Its false chameleon hues have all been again and again presented to the gaze of the novelty-seeking portion of the public, and been pronounced false and deceptive; public credulity has been stretched until it has nearly snapped in twain: and there remains but a sandy foundation for future humbugs to stand upon. All this will be accomplished by the diffusion of knowledge, by the enlightenment of the public mind in relation to hygiene, the laws of health, and the causes of disease. Medical commissions are being instituted by the governments of the most civilized nations, to enquire into the causes of sickness, and the best means of bringing about sanitary reforms. No expense is spared, to increase the comforts, diminish the ratio of mortality, and add to the value of human life. The study of Human Physiology is being introduced into our schools and seminaries of learning; the rising generation are taught the structure of the human body, and the means of preserving its healthy functions; and since all these things are so, can we doubt that the reign of quackery is drawing to a close; or, that the public will not hereafter confide in that class of practitioners, who show themselves most devoted to the study of their profession; who pursue it as a great subject, all the relations and bearings of which, it is their duty to investigate; who regard it not merely in the light of money-making business, but as a science, which they are to contribute towards building up and perfecting; and who do this, as diligent, earnest, and disinterested enquirers after truth. I may be deceived, but I believe "there is a good time coming," when superstition and credulity will no longer hold sway over the human mind; when, in the opinion of the masses, witches and imposters will no longer compete with the regular faculty; but reason, enlightened by knowledge, shall, alone, govern mankind."

If we mistake not, the author of the Address on the "Philosophy of Medicine" was a classmate of ours at the old Crosby St. College of Phys. and Surgeons at N. Y. If so, we are by no means surprised at the distinguished position he occupies. The address before us fully sustains his reputation as a scholar, a thinker, and a smooth and elegant writer. Our time is just now so extremely limited that we cannot give an analysis of this excellent discourse.

The Lecture of Prof. Mitchell upon Cholera contains nothing particularly new, but is a very good epitome of what is known of this dire disease. At the close of the lecture he gives a short table of dietetics, which is, perhaps, as good as can well be framed. As a general rule, it may be stated that, for those in good health, any articles of diet to which they may be accustomed and which digest readily and perfectly, will agree during the prevalence of Cholera; at the same time, it must be borne in mind that there is a proclivity to intestinal mucous irritation and inflammation. The table is as follows:

The following may be regarded as *safe* or *unsafe* articles for family use,

generally, in the season of Cholera. Those marked *safe*, to be taken in moderate quantity.

#### SAFE.

Beef Steak. Beef Tongue. Dried Beef. Mutton. Chickens. Ham, boiled or broiled. Mackerel. Smoked Herrings. Rice. Toasted Bread. Crackers. Good Potatoes, roasted. Mustard. Horseradish. Salt. Pepper. Good Vinegar. Black Tea and Java Coffee. Iced Water. Iced Lemonade. Iced Claret. Soda Water. Ice Cream.

#### UNSAFE.

Fresh Pork. Veal. Fresh Fish. Oysters. Greens generally. Unripe Fruits. Fresh Warm Bread. Sour Bread. Molasses and Water. Common Alcoholic Drinks.

Prof. Gibbons lecture is a very respectable production. He endeavors to impress upon his hearers the importance of unceasing diligence in the pursuit of professional knowledge, especially in this age of progress.—The present standing of the profession is alluded to, and a not very encouraging picture drawn, to be placed before the eyes of the young aspirant after the doctorate. After analyzing, to some extent the causes of popular prejudice against us, Dr. G. very justly remarks, “there is too much expected at the hand of the physician. In the nature of things his science cannot be reduced in practice to mathematical precision. So many fluctuating and indefinite data, so many inferential and even conjectural elements are involved, in a complete analysis of a given case of disease, that any thing more than an approximate judgment is often impossible. But there are many who appear to think our science worthless unless it imparts the power of omnipotence. Within a few years past, the small pox has prevailed to a considerable extent in our country. Here and there an individual who had been vaccinated became its victim. A large number of the same class contracted the disease in its modified form, and recovered, without serious indisposition. And yet, because a few vaccinated individuals die of the small pox, and a number of others contract the disease, there are persons who complain of the utter inefficiency of vaccination, and affect to discard it as a vile imposition! So it is with medical practice in general. It is estimated, not according to its benefits, but its imperfections. Though it may restore health to hundreds, yet the solitary case in which it proves inefficient, is trumpeted forth as an evidence of its entire impotency. If a regular practitioner, who has cured nineteen cases, should lose his twentieth patient, he is a murderer. But the empiric or the innovator, in whose hands the nineteen die, and the twentieth escapes alive, is heralded to the world as an angel of mercy, and a miracle of healing power.”



## PART FIFTH.

## EDITOR'S TABLE AND MISCELLANY.

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COLUMBUS, JULY 1, 1849.

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TO THE PATRONS OF THE JOURNAL.—The present number closes the first volume of the Ohio Medical and Surgical Journal. We made no long speech on taking the "chair," and we intend to preach no sermon now. The most obvious reflection that occurs to us, is the wonderfully rapid flight of time. It seems but yesterday since we looked upon our first born, and yet this is the sixth in regular succession. We have come to the conclusion that editing a public journal is much like keeping notes in Bank—it shortens the months astonishingly.

We have informed you, from time to time, of our advancement and prospects, but we did not know ourselves, fully, how we stood with our publishers, until the issuing of the present number. We now have the satisfaction of saying, what few, if any, medical journal in the country can say, that, starting without a single subscriber in advance, the cash receipts, *during the first year*, have fully met all the expenses of publication, and left a small surplus besides. We really cannot avoid congratulating ourselves on this unexpected result. The Journal may be considered hereafter as a "fixed fact," and we can call upon our friends with confidence to aid us in extending its circulation. We expect now to be sustained in our enterprise, and we wish to be able to render our Journal still more worthy of the support of our rapidly increasing readers. If our reasonable anticipations are realized, we shall be able, by the commencement of the third volume, to pay for all accepted contributions, which will, we think, be quite an advantage.

We do not forget how much we owe of our success to our contributors. To these, one and all we return our sincere thanks. Our department of original communications compares respectably and favorably with any of our exchanges. Many of the articles have been extensively copied, and nearly all have been of a practical and interesting character. We are abundantly confirmed in our belief that there are able medical writers enough in Ohio to sustain effectually all our journals, if they can only be hunted out. Modesty, a kind of apathy, the hurry of business, in many cases mere indolence, prevent many from writing, whose productions would be an honor to themselves, and a credit to our medical literature. We hope our old friends will not forget us in the future and that we shall have the good fortune to make troops of new ones.

To those Publishers who have so kindly forwarded their publications for notice or review, we feel under many obligations. Our limited

space does not allow us to review as fully as we desire, many works which come before us. We flatter ourselves, that, whilst we have aimed to be as just and impartial as our feeble judgment would allow, we have done injustice to none. As our subscription list increases, we shall make it more for the interest of publishers to remember us.

We cannot go into a review of our own labors during the year that is past. We have, we think, the right to infer that they have not been altogether unacceptable or useless. Many of our articles, like the present one, have been written while suffering under bodily pain and infirmity. We have hardly been able to do justice to ourself but we *hope* all the while for better times. The Journal is now upon such a basis that its continuance does not depend upon our life, but still we hope to be able to hold pleasant converse with our readers for yet many years. The duties of an editor, while they involve much of drudgery and much that is unpleasant, are, on the whole, agreeable to us, and we have no intention of resigning them unless the hand of Providence compels us to do so. Many hours of quiet and rational enjoyment has our station afforded us, and into a pleasant and profitable companionship has it introduced us.

It is somewhat customary at the end of a year to make promises of what one intends to do for the next. We shall do no such thing.—We promise to do as well as we can, and to make all the improvements which our cash receipts will allow. We may cut our whiskers a little differently—perhaps stick a new feather in our hat—may be enlarge and embellish our outer coat a little—but, whether we grow fat and plump or not, will depend so much upon the supplies from our larder, we can promise nothing in addition to the above.

With a few *very* practical remarks, we close this article. We think we have the right to say that a medical journal is needed in central Ohio, and that ours has met, in part at least, the public expectation. It is the duty of medical men to sustain their own journals, if worthy of support. They cannot be sustained without *money*. Money is only raised by the payment of subscriptions. These subscriptions in our case are only *two dollars* for each subscriber. From twenty to forty per cent. is saved by advance payment, besides much time and more vexation. There is no risk in advance payment, as every dollar is guarantied by an association here, good for forty times the entire amount. The terms are two dollars *per year*, that is to say, *every year*. The first year has departed, a new one commences with the next number, and the practical inference which we wish you to draw from all this, is that your subscriptions for the coming year should be sent in at your earliest possible convenience. It can make very little difference with you when it comes, while with us it makes all the difference in the world.

Should any mistakes occur, and they are liable to happen where there are so many names to enter and to credit, they will be most cheerfully

rectified. Each subscriber will receive a receipt for his money. If he files it all difficulty vanishes. Our publishers are exceedingly careful and correct business men, and few complaints have reached us on this score.

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AMERICAN MEDICAL ASSOCIATION.

*Second Annual Meeting.*

We suppose our readers will expect to receive from us a pretty full account of the meeting of this body recently held at Boston. We were not so fortunate as to be present, and must therefore rely upon our contemporaries for the necessary information. The following condensed account of the proceedings, we find in the Philadelphia Med. Examiner and extract it entire :

The Association met in Boston, May 1st, in the Hall of the Lowell Institute.

The President, Dr. Alexander H. Stevens, of New York, in the chair.

Dr. J. C. Warren, of Boston, on behalf of the Massachusetts Medical Society, presented to the Association the salutation and welcome of his constituents ; after which an address was delivered by Dr. Stevens, in which he dwelt upon the objects and duties of the Association, the advantages already derived from it, by the partial reforms which had been commenced in accordance with its recommendations ; as well as the great good which must necessarily follow from promoting personal intercourse among members of the profession from various parts of the country, and thus ensuring interchange of sentiments and opinions at stated periods.

The committee of arrangements reported twenty States represented, and two hundred and eight delegates, as registered at ten o'clock the evening previous. The number present, as afterwards reported, was about four hundred and fifty.

The committee on nominations, consisting of one from each State, appointed by the delegates, reported the following officers for the ensuing year, and their nomination was unanimously confirmed. *President*, Dr. J. C. WARREN, Mass. ; *Vice Presidents*, Dr. J. P. HARRISON, Ohio, Dr. H. H. MAGUIRE, Va., Dr. A. FLINT, N. Y., Dr. R. S. STEWART, Md. ; *Secretaries*, Dr. ALFRED STILLE, Pa. Dr. H. J. BOVDITCH, Mass. ; *Treasurer*, Dr. I. Hays, Pa.

The committee on nominations were continued, and instructed to nominate the usual standing committees for the ensuing year ; and to facilitate their operations, it was requested that the names of suitable persons to act upon these committees should be handed in.

Dr. Condie, of Philadelphia, chairman of the committee on Practical Medicine, presented the annual report. After reading a small portion of it he was interrupted by a motion to refer it to the committee on publication, which after some discussion was carried.

Dr. N. R. Smith, of Baltimore, presented and read the annual report of the committee on Surgery. A large portion of the report was occupied in the consideration of anæsthetic surgery, to which it was entirely favorable. The committee consider it inadmissible to perform a serious surgical operation without the use of chloroform, inasmuch as by



it both safety and immunity from pain are secured. Of the two prominent anæsthetic agents, chloroform and ether, the former is preferred, inasmuch as its unfavorable effects, when they do occur, are visible at once; whereas, when ether is used, its consequences sometimes remain long after. Dr. S. thinks he has traced irritative fever to the protracted influence of the latter agent.

Chloroform is the most powerful anæsthetic agent known, and requires that care should be used in its administration. It should never be used in trivial cases, nor in diseases of the heart: a due admixture with atmospheric air is also requisite for safety. In careful hands it is an invaluable agent. The author of the report has administered it *thirty-four* times to one patient, a young woman, to the extent of complete insensibility, without any unpleasant result. Prof. Mott, of New York, has performed operations which he would not have attempted without the aid of chloroform. In the administration of it, it should be stopped the moment that insensibility occurs. Prof. Simpson has published his opinion that one hundred lives have been preserved by the use of chloroform, where one has been lost by its use. He further states, that the mortality where chloroform is used, is much less than in similar cases where its use is dispensed with.

On the subject of Fractures, the report was also voluminous; this department was occupied mainly, however, with the exhibition and explanation of an apparatus for the treatment of fractures of the lower extremities, invented by the chairman. As this has been known for some years to the profession, and has been used in many of our public institutions, a description of it is unnecessary. The same is true of the instrument exhibited for the operation of lithotomy. The latter is, moreover, open to the objection that it almost supersedes the necessity for a correct knowledge of surgical anatomy.

The entire report was listened to with marked attention, and referred without discussion, to the committee on publication.

Dr. C. R. Gilman, of New York, acting chairman, presented and read the annual report of the committee on Obstetrics.

The greater part of this report was also occupied in the discussion of anæsthetics in midwifery; and in order to present the subject candidly to the Association, the principal objections of those opposed to its use were incorporated into the report. The committee give it as their deliberate opinion, that the chances of a patient's recovery are greatly increased by the use of anæsthetics, and the question is not whether they may or may not be safely administered, but whether they *can be rightfully withheld*. Who that has ever compared the panting and exhausted subject of an instrumental labour; with the calm and tranquil recipient of anæsthesia, could fail to arrive at the same conclusion? In regard to the choice of anæsthetics, the report declares that chloroform has every advantage over ether, except *in point of safety*, but that in experienced hands this objection does not obtain. Dr. Channing's contribution to the literature on this subject, in his work "Etherization in Child-birth," received a justly deserved and flattering notice in this portion of the report. The report was accepted, and referred without comment to the committee on publication.

Dr. J. P. Harrison, of Ohio, presented and read the annual report of the Committee on Medical Literature. The report embraced the division marked out by the constitution, viz:

*First.* The general character of medical periodical literature in the United States.

*Second.* A consideration of the most important and prominent articles that are brought to our notice.

*Third.* Original or native American Medical publications.

*Fourth.* Medical compilations and compends of American writers.

*Fifth.* American reprints of foreign periodical medical books.

*Sixth.* All such measures as may be deemed advisable for encouraging and maintaining a medical literature of our own.

Under the first head, the report states that there are twenty American medical journals published in the United States, and four reprints of foreign journals. Of these, five are quarterlies, six are issued bi-monthly, six monthly, one three times a year—the Transactions of the Philadelphia College of Physicians—and one weekly.

Through the agency of these journals much valuable material has been added to the medical literature of the country, and their pages have been enriched by contributions from the most eminent members of the profession both at home and abroad.

Of the American contributions a brief summary was embraced in the report.

The library of the Pennsylvania Hospital was described as the largest in the country. Commencing originally in 1762 by the donation of a single volume by Dr. Fothergill of London, it has increased to the extent of ten thousand volumes. There are many other extensive libraries throughout the country, some containing seven thousand, others three thousand, and two thousand volumes. The Library of Harvard College numbers one thousand seven hundred and sixty-nine volumes; that of medical department of Harvard University twelve hundred volumes.

That portion of the report embracing the measures deemed advisable for encouraging and maintaining a medical literature of our own, stated that there was much valuable literary material unknown to the public in consequence of deficient means on the part of the authors, or a disinclination on the part of publishers to take hold of any thing that was not endorsed by a well known name, and instanced the unpublished literary remains of the late Dr. Forry of New York. It recommended that a board of publication should be established, to whom such materials should be presented with authority to publish them should they be deemed worthy.

Appended to the report was the following resolution :

*Resolved,* That a committee of three be appointed to take into consideration the measures recommended in this report, for the promotion of our national medical literature, with instructions to report at the next annual meeting.

The report of the Committee on Medical Literature was accepted, and referred to the committee on publication, and the resolution appended to it was adopted; Drs. Horner, Condie, and Hays, of Philadelphia, were appointed the committee.

Dr. G. B. Wood, of Philadelphia, moved that it be the duty of the same committee to report on the subject of an international copy right law.

In urging this motion Dr. Wood remarked, that it was essential to the medical literature of the country, that an international copy-right law be established. He claimed it for our own writers, who now receive no encouragement. American publishers can now procure and reprint foreign books for a less price than American authors can afford to write them. They must produce a better book, a great deal better book than the English writer, or they cannot find an American publisher who will

pay them for their work. He claimed it also on the ground of justice to English writers, who were despoiled of the labour of their head and hands by the cupidity of our booksellers.

The motion was *carried*.

Dr. M. L. Taft, on behalf of Dr. F. C. Stewart, of New York, chairman of the Committee on Medical Education, presented and read the annual report, which, in accordance with the requirements of the constitution, embraced a complete account and comparison of the medical institutions of Europe and this country, with the requirements for admission and graduation; the number of students, graduates, professors, branches taught, terms of study, &c.; the regulations and requirements of Army and Navy Boards of Examiners in Great Britain and this country; the legal requirements exacted of medical practitioners in the several States of the Union; together with remarks on the general condition of medical education in the United States, compared with other countries, with suggestions as to its improvement.

In the comparison of schools abroad and at home, the University of Pennsylvania was held up as the model for imitation in the United States, that institution being the oldest, and coming nearest to the standard deemed the most desirable. The report farther stated that to the inquiries addressed to the thirty-seven medical schools in the United States, in relation to the requirements for admission, graduation, &c., answers have been received from twenty-five.

With regard to the best method of improving medical education, the report recommended the insisting upon preliminary education, and the appointment of primary boards of examiners, whose certificate of qualification shall be essential to the reception of the student into a medical school. The board should examine the candidate (should he not be a graduate of some literary institution) upon Latin and Greek, and require suitable testimonials as to moral character. The subject of the extension of the lecture term was not alluded to in the report, probably because the Association had already settled that question affirmatively.

Dr. John Ware, of the Medical department of Harvard College presented a paper in answer to the queries of the Committee on Education, from a Committee of the Faculty who were appointed to take into consideration some of the recommendations of the Medical Association in regard to Medical lectures, particularly in reference to extending the courses of lectures beyond the established period of four months. The purport of the paper was that the Faculty were constrained to differ from the views of the Association in regard to the prime importance of lectures, and also that in their view no profitable object could be gained by extending the term of lectures beyond a period of four months. Lectures are a subordinate and subsidiary part of a medical education. The great object in view from them is to teach the student how to study for himself. The paper did not undervalue the importance of medical lectures—far from it. Information was communicated through these sources which would not be acquired any other way, but it was desirable that they should take their proper place in the education of students. It regarded the establishment of private Medical schools in our cities as of very great importance.

A series of resolutions was appended to the report, on which considerable discussion arose. The report of the committee was accepted and referred to the committee on publication, and the resolutions were brought separately before the Association in committee of the whole.



The following are the resolutions which were appended to this report:

1st. *Resolved*, That the attention of the Medical Colleges be again directed to the resolutions of the Committee on Preliminary Education adopted by the Medical Convention of 1847, and that they be advised to require from students that they shall in all cases produce certificates of preliminary education. *Carried*.

2d. *Resolved*, That the several State and County Societies, as well as all voluntary Medical Associations throughout the country, be advised and requested to adopt the plan proposed by the Medical Society of the State of New York; at its last annual meeting, for ensuring due attention to the subject of preliminary education.

Dr. Davis, of New York, explained that the plan of the New York State Society was, that every County Society should appoint a board for preliminary examinations of students, with a view that they should be required to produce certificates from such boards before they could be received as medical students in the office of any private medical practitioner.

A gentleman, whose name we could not learn, offered the following as an amendment:

*Resolved*, That as students are generally introduced to the profession by private preceptors, it is recommended that no student be received by them unless they come up to the standard of preliminary education prescribed by this Association.

The question being upon the amendment, it was adopted by a large vote.

3d. *Resolved*, That this Association does not sanction or recognize "College Clinics" as *substitutes* for Hospital clinical instruction, and that the Medical Colleges be again advised to insist, in all instances where it is practicable, on the regular attendance of their pupils during a period of at least six months upon the treatment of patients in a properly conducted Hospital or other suitable institution devoted to the reception and care of the sick.

The resolution was adopted.

4. *Resolved*, That it would conduce both to the convenience and advantage of students, if the subjects taught in the Colleges were divided into two series; the one of which should be studied during the first year's attendance on lectures; and the other, during the second session. And that examinations should be substituted at the close of the first course of lectures on the subjects taught during that course, certificates of which should be required prior to the final examination. *Rejected*.

5. *Resolved*, That it is the deliberate opinion of this Association that the plan of examining students for medical degrees in private, and before one professor only at a time, is highly defective, and should be at once discontinued. *Laid upon the table*.

6. *Resolved*, That examinations for medical degrees should be practical, and that it is desirable as far as practicable that they should be conducted in writing as well as *viva voce*. *Laid on the table*.

7. *Resolved*, That in view of the importance of a due knowledge of practical pharmacy, the medical schools be advised to require from candidates for degrees that they should produce satisfactory evidence of their having been engaged in compounding medicines and putting up prescriptions, either under the direction of their private preceptors, or in the shop of a recognized and qualified apothecary. *Laid upon the table*.

In regard to examining boards and licenses:

8. *Resolved*, That the interests both of the public and the medical profession would be promoted by the establishment of boards of examiners in each of the States of the Union, to examine candidates for licenses to engage in the active practice of medicine and surgery. Laid upon the table by a vote of 69 to 54.

9. *Resolved*, That the standard of requirements established by the examining boards of the several states should be uniform, and that the examinations should, as far as practicable, be conducted in a similar manner. Laid upon the table.

10. *Resolved*, That the examiners should, in all instances, satisfy themselves that candidates are familiar with the elementary branches of general knowledge. Laid upon the table.

11. *Resolved*, That for the purpose of carrying out the objects contemplated in the foregoing resolutions, a special committee of seven members be appointed to prepare a memorial and form of law in reference to the subject of the establishment of boards of medical examiners to be submitted to the Association at its next annual meeting. Indefinitely postponed.

The Committee of the Whole having thus considered the resolutions submitted to them by the report on medical education, arose and reported to the Association, and their action was confirmed.

On motion of Dr. Stevens, of New York, it was voted, That the whole subject matter of medical education, together with the resolutions which have been passed, and those which have been laid upon the table, be referred to a special committee of three members, with instructions to report to-morrow morning. The chair appointed Dr. Stevens, of New York, Dr. Wood, of Philadelphia, and Dr. Knight, of Connecticut, as the Committee.

The following is the report of that committee :

1st. *Resolved*, That the Association reiterate their approval of the resolutions in reference to the medical education, adopted by the Convention, which met in Philadelphia, in May, 1847, and contained in pages 73 and 74 of the published proceedings of that Convention.

2d. *Resolved*. That the attention of Medical Colleges be again directed to the Resolutions of the Committee on Preliminary Education, adopted by the Medical Convention of 1847, and that they be advised to require from their students that they shall, in all instances, present certificates of due preliminary acquirements prior to graduation.

3d. *Resolved*, That physicians, generally, throughout the Union, be advised and requested to require of those wishing to become their pupils, evidence of their proper general education, before admission into their offices.

4th. *Resolved*, That the Association does not sanction or recognise "College Clinics" as substitutes for Hospital Clinical instruction, and that the Medical Colleges be again advised to insist, in all instances, where it is practicable, on the regular attendance of their pupils, during a period of six months, upon the treatment of patients in a properly conducted hospital, or other suitable institution, devoted to the reception and cure of the sick.

5th. *Resolved*. That in accordance with a resolution of the American Medical Association, adopted May 4th, 1847, "it is earnestly recommended to the physicians of those States in which State Medical Societies do not exist, that they take measures to organize them before the next meeting of this Association."

6th. *Resolved*, That the State Societies be recommended, after they

shall have been organized, to recognise as regular practitioners none who have not obtained a degree in medicine, or a license from some regular medical body, obtained after due examination.

7th. *Resolved*, That the Association recommend to the various Schools of Medicine to meet at Cincinnati before the next annual meeting of this Association, and present a plan for elevating the standard of medical education to this Association.

The Committee do not deem it expedient that the Association should now adopt, further than may have been done in the preceding resolutions, the recommendations offered in the several documents referred to them.

On motion of Dr. Harrison, the report was accepted, and the Association went into Committee of the Whole, Dr. R. D. Arnold in the chair, for the purpose of considering the resolutions attached to the report.— These were taken up successively, and, after prolonged discussion; were reported to the Association without amendment, but with the addition of the following, proposed by Dr. T. E. Bond, Jr. of the State of Maryland.

*Resolved*, That this Association recommend the encouragement of private medical institutions, strongly advising that Dispensary practice be made, as far as practicable, a part of the means of instruction.

The resolutions reported by the Committee of the Whole were then adopted.

The annual report of the Committee on Hygiene, Dr. Jas. Wynne, of Baltimore, Chairman, was, in his absence, presented and read by Dr. Isaac Parish, of Philadelphia.

Appended to this report were two able and interesting papers, one presented and read by Prof. S. Jackson, of Philadelphia, on the influence of tea and coffee used as food; and one by Dr. Josiah Curtiss, on the Sanitary Condition of Massachusetts.

The report and the papers were accepted, and referred to the Committee on Publication.

The annual report of the Committee on Indigenous Botany was presented by the Chairman, Dr. N. S. Davis, of New York. The report (of which a verbal synopsis only was given) stated that our acquaintance with the medicinal properties of our indigenous plants was very slight and unsatisfactory. The committee, during the last year, had been making careful investigations, both by analysis and experiment, to discover the actual value and precise action of a number of substances admitted into the materia medica, concerning which the books gave no satisfactory account. As illustrative of this, he stated that of 1000 plants, reputed to possess medicinal virtues, but 150 are even slightly known. Of 280 native and naturalized plants mentioned in one of our best works on botany, we are told, concerning 150 of them, merely that they have been employed by the Indians for such and such purposes. This kind of information was not such as the present state of scientific accuracy demanded. Very little is known of the real virtues and uses of our native plants, but it is hoped that the investigations which have been commenced, under the auspices of the Association, will be continued and perfected.

The report was accepted and referred to the Committee on Publication.

The Committee appointed to consider the subjects presented by the report on Medical Literature, and the resolution of Dr. Wood, obtained permission to report *in part*, and submitted the following resolution.



*Resolved*, That a committee of three be appointed to memorialize Congress in favor of an international copy-right law.

This was so far amended as to require the proposed committee to prepare a memorial on the subject, and submit it to the Association at its next annual meeting. The motion as amended was *adopted*, and Drs. G. B. Wood, T. E. Bond, I. Hays, were appointed as the committee.

The following preamble and resolution, presented by Dr. Evans, of Indiana, were adopted.

*Whereas*, Merit should be the test by which one individual is preferred to another; and, *whereas*, the places of profit and honor in our profession should be open to the competition of all, in order that the best selections may be made, therefore,

*Resolved*, That Trustees and others, exercising the office of appointing Professors in Medical Schools, be requested to adopt the system of *concours*, or public trials, among the means resorted to for calling out the talent of the profession, and ascertaining the qualifications of applicants.

Dr. G. B. Wood submitted the following preamble and resolution, which were adopted.

*Whereas*, A document prepared by the Medical Faculty of Harvard University, and appended to the Report of the Committee on Medical Education, contains an elaborate defence of the limitation of the courses of medical instruction in the schools to four months; and, *whereas*, this document has been referred, along with the Report of the Committee on Medical Education, to the Publishing Committee, and, if it be not mistaken by the public as a representation of the views of this Association, may, at least, have the effect of contravening those views, unless they be properly supported; therefore,

*Resolve*, That a committee be appointed to prepare, at leisure, a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months; and that the statement thus prepared be printed in the forthcoming volume of the Transactions of the Association. Drs. S. Jackson, (Prof.); J. L. Atlee, and A. Stille, were appointed the committee.

Dr. U. Parsons, from a Select Committee appointed at the meeting of 1848, made a report on the subject of adulterated and spurious drugs, and offered the following resolutions:

*Resolved*, That a committee, consisting of two delegates from each State here represented, be chosen by the President, to note all the facts that come to their knowledge with regard to the adulteration and sophistication of drugs, medicines, chemicals, &c., and to report them at the next annual meeting.

*Resolved*, That the President be requested to sign, and forward to the Philadelphia College of Pharmacy, a letter, stating that the Association are pleased to hear of its laudable intention to prepare and publish some simple directions for detecting adulterations in medicines, adapted to the understanding of the people generally, and would be highly gratified could they welcome its appearance before the next annual meeting.

Dr. Ware submitted the following resolution, which was adopted.

*Resolved*, That the Committee on Practical Medicine be instructed to inquire into the expediency of adopting the English language exclusively in the writing of prescriptions, and in all directions for the composition and administration of medicines, and to report at the next annual meeting of the Association.

Dr. G. B. Wood, of Philadelphia, stated that he had a brief report to make, as a delegate from this Association to the British Association, and to the Provincial Medical and Surgical Association of England, the annual meetings of which he had attended in August last, in fulfilment of the objects of his appointment. Of the British Association he had only to say, that he was treated with all the personal courtesy, and invited to participate in the proceedings of that body with the privileges of a member. By the Provincial Medical and Surgical Association he had been received with the most flattering distinction in his capacity as delegate. The Association appeared to be much gratified by the compliment paid them, and expressed, through their President, their high appreciation of this Society, and their reciprocation of the sentiments conveyed to them; and passed a resolution, unanimously, requesting him (Dr. Wood) to convey their thanks to the American Association.

Dr. J. B. Johnson, of Missouri, introduced the following preamble and resolution, originally presented by him to the Medical Convention at Philadelphia, in 1847, and they were referred to the Committee on Medical Education.

*Whereas*, Numberless and important evils result from the almost universal practice of allowing persons, wholly ignorant of drugs and medicines, to engage as Apothecaries; and still greater, from the universal traffic in patent and secret remedies; therefore,

*Resolved*, That the Committee on Education inquire into the expediency of establishing a school or schools of Pharmacy in the respective States, for the special purpose of preparing persons for the business of Apothecaries; and also the expediency of adopting a rule, that no Physician ought to patronize a Druggist or Apothecary who deals in patent and secret medicines—and report at the next annual meeting of the Association.

Dr. James Wood, of Pennsylvania, presented the following resolution, which was adopted.

*Resolved*, That the Committee on Medical Science for 1849, be instructed to inquire into the expediency of establishing a Board to analyze the quack remedies and nostrums now palmed upon the public, and to publish the results of their examinations in a newspaper to be established for the purpose; and farther, to append such plain views and explanations thereto as will enlighten the public in regard to the nature and dangerous tendencies of such remedies.

Dr. Stevens, of New York, offered the following resolution.

*Resolved*, First, that a committee of seven be appointed to consider the subject of forensic medicine; second, a similar committee on indigenous botany and materia medica; and third, a committee on hygiene—the committees to be nominated by the general nominating Committee—Carried.

The Committee on Nominations reported the following Standing Committees to act for the ensuing year. *Adopted*. The list is as corrected by the Nominating Committee, after the vacancies created by resignation had been filled.

#### *Committee on Medical Science.*

Dr. Usher Parsons, Providence, R. I., Chairman.

Dr. J. Pigelow, Boston.

Dr. Jas. Moultrie, Charleston, S. C.

" J. B. S. Jackson, Boston.

" G. Emerson, Philadelphia.

" A. B. Malcolm, Dubuque, Iowa. " D. King, Newport, R. I.

*Committee on Practical Medicine.*

Dr. J. K. Mitchell, Philadelphia, Chairman.

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|--------------------------------|-------------------------------|
| Dr. R. La Roche, Philadelphia. | Dr. B. R. Jones, New Orleans. |
| " F. West, Philadelphia        | " R. D. Arnold, Savannah.     |
| " J. A. Swett, New York.       | " ——— Smith, Indiana.         |

*Committee on Surgery.*

Dr. R. D. Mussey, Cincinnati, Chairman.

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| Dr. W. M. Awt, Columbus, Ohio.  | Dr. L. A. Dugas, Augusta, Ga. |
| " A. B. Shipman, Syracuse, N.Y. | " S. Parkman, Boston.         |
| " G. Fox, Philadelphia.         | " J. R. Wood, New York.       |

*Committee on Obstetrics.*

Dr. T. G. Prioleau, Charleston, S. C., Chairman.

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| Dr. L. D. Ford, Augusta, Ga.       | Dr. H. F. Askew, Wilmington, Del. |
| " Robert Leiby, Charleston, S. C.  | " John Evans, Chicago, Ill.       |
| " Josiah Bartlett, Stratton, N. H. | " Isaac Lincoln, Brunswick, Me.   |

*Committee on Medical Education.*

Dr. J. Roby, Baltimore, Md. Chairman.

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| Dr. Blatchford, Troy, N. Y.     | Dr. F. A. Ramsay, Knoxville, Tenn. |
| " G. M. C. Roberts, Baltimore.  | " Geo. Sumner, Hartford, Conn.     |
| " R. W. Sylvester, Norfolk, Va. | " W. F. Rockwell, Brattleboro, Vt. |

*Committee on Medical Literature.*

Dr. Alfred Stille, Philadelphia, Chairman.

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| Dr. F. G. Smith, Philadelphia.      | Dr. N. T. Morris, Montgomery, Ala. |
| " T. H. Yardley, Philadelphia.      | " J. Fithian, Woodbury, N. J.      |
| " P. C. Gaillard, Charleston, S. C. | " J. B. Johnson, St. Louis, Mo.    |

*Committee on Publication.*

Dr. I. Hays, Philadelphia, Chairman.

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| Dr. A. Stille, Philadelphia.  | Dr. B. T. Barker, Norwich, Conn. |
| " H. J. Bowditch, Boston,     | " Isaac Wood, New York.          |
| " D. F. Condie, Philadelphia. | " M. J. Pitman, Rocky Mt. N. C.  |

*Committee on Forensic Medicine.*

Dr. A. H. Stevens, N. Y. Chairman.

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| Dr. Luther V. Bell, Boston. | Dr. Robert Watts, New York.   |
| " Pliny Earle, New York.    | " R. S. Stewart, Baltimore.   |
| " W. F. Rockwell, Vt.       | " J. Knight, New Haven, Conn. |

*Committee on Indigenous Botany and Materia Medica.*

Dr. Eli Ives, New Haven, Chairman.

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| Dr. G. L. Corbin, Warwick Co. Va. | Dr. B. E. Lenoir, Roane Co. Tenn. |
| " H. R. Frost, Charleston, S. C.  | " W. B. Cochran, Middleburg, Va.  |
| " W. H. Davis, Baltimore.         | " J. P. Harrison, Cincinnati.     |

*Committee on Hygiene.*

Dr. J. M. Smith, N. Y., Chairman.

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| Dr. A. K. Gardner, New York.   | Dr. A. S. Holmes, St. Louis, Mo. |
| " E. Jarvis, Dorchester, Mass. | " G. Emerson, Philadelphia.      |
| " A. G. M. Cooke, Norfolk, Va. | " J. C. Simonds, New Orleans.    |

The committee recommended CINCINNATI as the next place of meeting, and the following as the Committee of Arrangements:—Dr. Dodge, Dr. Judkins, Dr. Rives, Dr. Lawson, Dr. Richards and Dr. Strader, all of Cincinnati.



On motion a vote of thanks was presented to the Officers of the Association for the efficient and courteous manner in which they had discharged their duties, and to the Committee of Arrangements for their kind and hospitable reception of the delegates. Dr. Z. B. Adams responded on behalf of the Committee of Arrangements; and, after receiving the congratulations of the President upon the happy termination of their labours, the Association adjourned on Friday evening, May 4th, *sine die*.

We have thus endeavoured to present to our readers a condensed account of the proceedings of the Association, derived from the various reports of the daily press, and from notes taken on the spot by one of the Editors.

To all engaged in it we are sure the meeting was a pleasurable one, and indicated a growing interest in the means proposed to elevate the standard of the profession. The number of delegates was very much larger, and the session protracted to a greater length, than on any previous occasion, and yet nothing occurred to mar the harmony of the meeting; a conciliatory spirit seemed to pervade the whole proceedings. The brief analysis of the Reports, given above, is but a feeble expression of their merits; we trust, however, at some future time, to do them more justice. The only regret experienced in relation to them was, in reference to their curtailment, on which we have already commented.

To the Physicians of Massachusetts in general, and to the Committee of Arrangements in particular, the thanks of the Association are most justly due for their great kindness and liberality. We are sure that no delegate can ever forget them.

**CHOLERA. Ozone.—Specific Cause and Cure.**—Our readers are aware of the alleged discovery of Dr. Bird of Chicago, of *Ozone* as the cause of Cholera, and his administration of Sulphur as an antidote to the poison. We hope this is true, but there are many difficulties in the way which lead us to doubt. Many and accurate experiments can only settle the question. We have at present, no decided opinion upon the subject.—Joseph Sullivan, Esq. a highly intelligent and scientific gentleman of this city, has detected *ozone* in our atmosphere, and we now have cholera. He finds that Sulphur or *mercury* will prevent the discoloration of the test paper, and that light has little or no effect upon it. We know very little of the substance called ozone, if, indeed, there be any such entity. It has been described but a few years and does not seem to have attracted very much attention until very recently. Its alleged connection with cholera will, however, invest it with a new interest, which will at once excite careful investigation.

We give below the letter of Prof. Herrick, of the Rush Med. College to the Chicago Journal. The letter is from a most respectable source and there is nothing quackish in the whole proceeding :

*Dear Sir:*—In compliance with the wishes of my friend, Dr. J. H. Bird, I have made the following brief synopsis of a letter from him, sent

to me for publication in the North-western Medical and Surgical Journal, which, together with the few additional remarks which I have made, you will please to publish, in order that the members of the medical profession, and the public generally, may have the means of testing, and the benefits to be derived from what is supposed to be a newly discovered remedy for the Cholera.

The facts stated in the letter referred to above, are briefly as follows:

About six months since, Dr. Bird and myself were led into a conversation on the effect of atmospheric influences in producing epidemics, from reading an article from a German chemist in one of our periodicals, in which it was contended that influenza depended upon the presence of *ozone*, and that the severity and number of attacks, as shown by chemical analysis, was always in proportion to the amount of this substance in the atmosphere. Taking this statement in connection with the fact that cholera is generally preceded by influenzas, as shown by its history, we were led to the conclusion that both diseases might be dependant upon the same influence, modified in degree according to the greater or less quantity of this deleterious agent present in the atmosphere at the time. The next step in the investigation was to determine what agent would counteract the influence, and destroy the deleterious properties of *ozone*. The accurate chemical knowledge of Dr. B. enabled him to suggest at once the well known substance of sulphur, as possessing the property of acting upon it in such a manner as to neutralize its influence.

In searching for facts to support this conclusion, it was found that cholera had never prevailed in the vicinity of sulphur springs, or in situations where this substance abounds; hence the conclusion, that sulphur might be, and probably was the antidote for cholera.

In one of our recent Medical Journals, an article appeared describing the manner of detecting *ozone* in the atmosphere, thus supplying the means of determining whether or not it was present at the very time the cholera was beginning to make its appearance amongst us.

Dr. Bird's experiments, as well as those made subsequently by himself and by Drs. Bird, Elaney, and myself from day to day, since that time, show that *ozone* is present in our atmosphere, and that the amount is in proportion to the severity of the disease from time to time. About a week since, Dr. Bird determined to try the effects of sulphur upon himself and others troubled as nearly all have been more or less of late, with uneasy sensations, slight pains, &c., in the digestive organs. The result was entirely satisfactory, so much so that Dr. Bird came immediately to my office, and requested me as a friend to test its efficacy in my practice, but to say nothing to others in regard to the ingredients used until facts should justify its public announcement as a discovery. The beneficial effect resulting from its use in my practice was such as to convince me at once of its utility in the class of cases described above.—During the last few days, Drs. Bird, Blaney and myself, have continued to use this apparently simple remedy to the exclusion of nearly all others in all cases with cholera symptoms. The result has been wonderful. All the premonitory symptoms such as pain, a sense of fulness, unnatural movements, slight diarrhoea, &c., have uniformly yielded at once to a single dose of three to four grains of sulphur.

In cases where either cramps, diarrhoea or vomiting have been present and in fact where all these symptoms have existed in conjunction, the use of sulphur, in the above named doses every three or four hours, has had the effect to ameliorate the patient's condition, *once*, and when used in a few hours, to *dissipate entirely choleric symptoms*.

So far as its efficacy has been tested in the worst stages of collapse, most satisfactory results have been obtained. In two or three cases of the kind the effect of the remedy has been to bring back pulse to the wrist, restore warmth to the surface, and stop the profuse diarrhœa and vomiting. In truth, the results obtained so far, have been such as to convince all of us, who have administered it, and witnessed its effects, that if any remedy deserves the appellation, this is the specific for cholera.

It having been determined to make this public statement, it is expected in return that no hasty conclusions will be made, either for or against what appears to be a proposition to accomplish much by very simple means.

Although the results, so far as obtained, in a short time, and by a few individuals, seem to justify our conclusions, it is hoped that physicians will continue to depend on what they consider the most efficient practice, in bad cases of cholera, until they shall have tested the matter themselves, and formed their own conclusions; and also, that whatever may be the confidence of individuals in this or any other remedies, they will not depend upon their own judgment in any case, even of slight symptoms, whenever it is possible to consult their physicians.

It is suggested by Dr. Bird, that a combination of powdered charcoal, one part to four of sulphur, has seemed to make the remedy more efficient.

W. B. HERRICK,

*Ed. N. W. Med. and Sur. Jour.*

*National Convention for Revising the Pharmacopœia of the U. States.—*

The convention for revising the Pharmacopœia, which met in Washington, in January, 1840; adopted the following resolutions:

"1. The president of this convention shall, on the first day of May, 1849, issue a notice, requesting the several *incorporated State Medical Societies*, the *incorporated Medical Colleges*, the *incorporated Colleges of Physicians and Surgeons*, and the *incorporated Colleges of Pharmacy*, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention to be held at Washington, on the first Monday in May, 1850.

"2. The several incorporated bodies thus addressed, shall also be requested by the president to submit the Pharmacopœia to a careful revision, and to transmit the result of their labours, through their delegates, or through any other channel, to the next convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the president of the convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1850.

"4. In the event of the death, resignation, or inability to act, of the president of the convention, these duties shall devolve on the vice president; and should the vice president also be prevented from serving, upon the secretary, or the assistant secretary, the latter acting in the event of the inability of the former."

In compliance with the foregoing resolutions, the undersigned, having



been informed by the president of the late convention, Dr. Lewis Condict, that he would be unable, from indisposition, to perform the duty assigned to him, gives notice to the several medical and pharmaceutical bodies enumerated in the first resolution, that the convention for revising the national Pharmacopœia, will meet in the city of Washington, on the first Monday in May, 1850. The undersigned also requests of the several bodies referred to, that they will fulfil the wishes of the convention as set forth in the second resolution; and, further, that they will transmit to his address, on or before the first day of March next, the names and residences of the delegates whom they may appoint, in order that a list of them may be published, as directed in the third resolution.

GEO. B. WOOD, M. D.,

*Vice President of the Convention of 1840.*

PHILADELPHIA, May 1, 1849.

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*Valerianate of Morphine.*—Dr. Wyman, of Cambridge, near the University, has shown us a beautiful specimen of this elegant preparation, valerianic acid and morphine, manufactured in that city at the Lawrence laboratory. It has been tried partially, and is believed to combine the properties of the two articles. If Dr. Wyman would favor the profession with his experience in the use of this new combination, he would confer a special favor.—*Boston Med. and Surg. Journal.*

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*Muriate of Opium.*—D. H. Hoffman, M. D. Jackson C. H. Ohio, in a letter received from him a few days since, says, in reference to this preparation :

“Since my attention was called to the “Muriate of Opium” I have used it in quite a number of cases, in order to ascertain whether it was superior to the preparations in common use. The “Pulv. Opii” and the preparations in general use, have almost invariably produced nausea, vomiting, vertigo, headache, and various other symptoms which render their use very objectionable. True, they pass off in a short time, without any injury to the patient, but so long as they exist, they are disagreeable to the patient, and frequently annoying to the Physician.—The “Muriate” even in large doses is free from these objections, and therein consists its superiority over all the other preparations I have ever used. It is not more active than the “Tinct. Opii.”, but I have used it frequently when the Tinct. and other preparations had failed to produce sleep, and in no instance have I known it fail to produce the desired effect. I think that whenever the members of the Profession become acquainted with it, they will not hesitate to substitute it for those in general use.”

## OHIO STATE MEDICAL CONVENTION.

The annual sittings of this body were held in the Senate Chamber in this city, commencing on the 5th, and terminating on the 7th of June. A larger number of members were in attendance than at any previous meeting of the Convention—120 Physicians representing the various sections of the State came up to exchange friendly greetings with the acquaintances of former years, to become personally acquainted with professional brethren whom they had long known by reputation, and to labor together for the advancement of Medical Science and the common good of the profession. The proceedings throughout, were characterized by great harmony. We have room only for a brief abstract, and refer our readers for a more extended notice to the published proceedings, and to the excellent reports of the "Ohio State Journal" and "Tribune."

The officers of the Convention were

*President,*

DR. PLINY M. CRUME, of Preble county.

*Vice Presidents,*

1st. Dr. E. H. DAVIS, of Ross county ;

2d. " J. C. NORTON, of Marion ;

3d. " C. FAULKNER, of Butler ;

4th. " E. CARNEY, of Delaware ;

5th. " W. W. RICKEY, of Sandusky.

*Secretaries,*

Dr. NORMAN GAY, of Franklin ;

" M. THOMPSON, of Knox.

*Treasurer.*

Dr. J. B. THOMPSON, of Franklin.

A number of papers on various and interesting subjects in Medicine and Surgery, were read by members of the Convention. One of these, by Prof. Kirtland, will be found in the present No. of the Journal—others we will endeavor, from time to time, to lay before our readers. They will all be found in the official report. The following resolutions in reference to extending the lecture term of our Medical Schools, were reported back to the convention by the committee to whom they were last year referred, and were adopted.

*"Resolved,* That in the opinion of this Convention, it is inexpedient for the Medical Schools of Ohio, at this time, to lengthen the term of their sessions ; but it should be strictly enjoined upon students to be present at the beginning, and to continue in attendance until the end of the session.

*Resolved,* That the practice of admitting young men to graduate, by attending upon one course of lectures only, considering four years' practice as equivalent to attendance upon another, is unjust to our Medical Schools, and to the community, as it indirectly holds out inducements to young men to engage in the practice of medicine, without due qualifications.

2. *Resolved*, That the Professors in the Medical Schools in this State, be requested to confer together upon the subject, with a view of correcting this evil."

The Committee to whom was referred the subject of adulteration of Drugs, submitted the following report which was adopted :

WHEREAS, the extensive and multiplied means of deteriorating medical agents, as practiced by wholesale dealers in drugs, abroad and at home, has now been brought before the public by the faithful and persevering labors of our *Colleges of Pharmacy* and others, whose employment has brought them into intimate relation with the subjects, and whereas the evil has been corrected in part by National Legislation, through the wise councils and untiring zeal of one of our own Representatives in Congress, and whereas the laws of Congress will ultimately be of little avail, unless sustained by the co-operation of State Legislation, and inasmuch as this can be effected only by those means which will command the assent and united efforts of all our profession ;— Therefore,

*Resolved*, That as a profession, we appeal with united voice to those engaged in the domestic drug trade, to supply us with articles of purest character ; and that we pledge ourselves to sustain them in the effort.

*Resolved*, That we pledge ourselves to each other and the public, that we will purchase no drugs, or chemicals, that are not pure, so far as we can judge ; and further, that we will deal with no trader whom we know to keep adulterated or impure articles.

*Resolved*, That the Convention appoint a committee of five to present to the next Legislature the crying nature of this evil, and to memorialize them in the name of this Convention, to pass such laws as shall best sustain National Legislation on this subject.

*Resolved*, That the same committee further memorialize the Legislature on the subject of *Patent* and secret medicines, for the passage of a law requiring that all such articles sold as medicines, shall have upon them a label, in the English language, setting forth the ingredients, and the proportion of each ingredient contained in the compound.

*Resolved*, That the thanks of this Convention are due to our Representative, Dr. T. O. Edwards, for his faithful and successful efforts in the cause of pure medicines.

Profs. Smith, Kirtland, Judkins, Drs. Rickey and Gaston constitute the Committee contemplated in the third resolution.

The nature and treatment of Asiatic Cholera occupied a prominent place in the discussions of the Convention. The subjoined remarks by Prof. Judkins, of Starling Medical College, for the report of which, we are indebted to the O. S. Journal, are concise and to the point.

"Dr. JUDKINS said that it was not his intention to enter into a discussion upon the nature of Cholera, but merely to give a brief statement of his experience in the treatment of that disease. But as some remarks had been made upon the question of its being contagious or non-contagious in its character—he would say, that he was fully wedded to the belief that it was not contagious. In all of his practice he had never seen more than one case of decided cholera to occur in the same family, although many instances were known where such had been the fact.

The scourge in Cincinnati paid no respect to age or sex. Children were as liable to be attacked as adults. He had seen a child of seven months old die of cholera.



The disease is always preceded by some mild symptoms, which should be immediately attended to. One single case occurred in his practice where it was denied that any premonitory symptoms had been present.

Whilst the epidemic was at its height, but few of the inhabitants escaped some of the premonitory symptoms, such as pain in the bowels, impaired appetite, a sense of fatigue, and general uneasiness, &c. This state of things prevailed almost universally throughout the city—and it has doubtless given rise in our city, to what may be called a homœopathic variety of cholera, of which several hundred of cases have been reported ; of that number not a single death occurred. These reports at that time, gave rise to the prediction that credulous persons would be gulled by those reports, and sooner or later, the hsmœopathists would be called to treat cases of true cholera. Within a few days past this has been verified, and now we begin to hear of deaths from cholera under homœopathic treatment.

The general uneasiness felt by the whole population, it is believed, was caused by the want of a due proportion of oxygen in the atmosphere, a fact which appears to be established by some of our most eminent manufacturing chemists, and prominent among those I will mention Mr. Grasseli, who has one of the largest chemical Laboratories in the country—for several days he was unable to make but little over one-half of the usual amount of Sulphuric Acid.

Dr. J. observed a remarkable fact in all the cases which he saw, that terminated fatally ; there was an entire absence of the cramps or spasms of the muscles, from the onset of the disease. He had lost but three cases by cholera, and no spasms were manifest in any one of them. He feels more confident of success if called to a case where cramp is felt, &c.

In the treatment of the disease, he would say that all of the regular profession in his city, look upon it as easily managed, if taken early, as the ordinary attacks of any violent disease.

They all deem it of the highest importance to arrest any form of diarrhœa as speedily as possible, and one of the first things enjoined upon a patient is rest and the recumbent posture, until the diarrhœa is checked.

Frequently, before the diarrhœa has set in, the man complains of uneasiness, &c. If the tongue is large, flabby, and covered with a white fur, a Blue Pill given at bed time, and followed in the morning by a dose of Magnesia and Spiced Syrup of Rhubarb, to act gently on the bowels, may suffice ; but if he is still languid, an infusion of Gentian, or something analagous, will in most cases restore the tone of the stomach and bowels. Or the same effect in other instances is produced by the spiced Burnt Brandy.

When called to cases laboring under diarrhœa, before vomiting has occurred, he gives to an adult, at every stool, one-half of a table spoonful of the following mixture :

R—Chalk mixture, 2 ounces.

Tr. Kino, 1 do.

Tr. Capsicum, 1 drachm.

Elix. Paregoric, 1½ ounce.

If the stools still continue, or begin to assume a light color, give with the above at every stool, the following pills :

R—Calomel, 2 grains.

Camphor, 1 “

Capsicum, 1 “

Pulv. Opium, 4 “

Continue this until the consistence and color of the discharges are changed. He observed in two cases, that the stools assumed a natural consistence, but still retained their light color, resembling very much the fire-clay. In these cases, small doses of blue mass or calomel were given for several days, until healthy evacuations were procured.

When called to a case where rice water discharges were profuse, both from bowels and stomach, skin cold, vomiting almost incessant, &c., he first gave a table spoonful of ground mustard, with a tea spoonful of common salt. After being rejected, the stomach was more quiet, and the heat of the surface increased—he then began immediately with the above treatment, frequently giving the ingredients of the pill in the form of powder. Also, applied mustard to the extremities and over the abdomen—placed from six to ten bottles filled with hot water, covered with flannel, in contact with the body—and over all, placed an additional blanket. If a warm and profuse perspiration can be induced and maintained for several hours, his chance for recovery is good.

When the patient was verging into a stage of collapse, and the stomach so irritable as to reject all medicine and brandy, success was frequently secured by the use of the following mixture, given in teaspoonful doses every 15 or 20 minutes :

R—Camphor,	1 drachm.
Chloroform,	1 “
Peppermint water,	3 ounces.
Tr. Kino,	1 “

To allay intense thirst, very small pieces of ice were given frequently to the patient.

Also endeavored to inspire a feeling of confidence in the patient that he would recover.

Fear, grief, and other depressing emotions, were the strongest predisposing causes observed in his practice.”

Remarks were also made by Profs. Mussey, Kirtland, Dr. McElvain and others, but the absence of any reports, and want of room, prevent their insertion.

Twelve delegates to the next meeting of the National Medical Association at Cincinnati, in May next, were appointed by the Convention.

Convention adjourned to meet in Columbus on the first Tuesday in June next. Success to the next, and all subsequent meetings, say we.—Such assemblages for mutual consultation and encouragement, must in every way, be productive of good results.

*Ohio Institution for the Education of the Blind.*—We have received the last annual report of this Institution. Its affairs are admirably conducted. The health of the pupils for the past year has been quite good.—The number in attendance is 62. The course of instruction embraces the higher branches of English education, and to a few of the pupils, instructions in Latin and French have been given. The Institution is eminently worthy the patronage which the State has so liberally bestowed upon it.

## OHIO STATE MEDICAL SOCIETY.

The second meeting of this Society under its charter, was held in this city during the intervals in the sittings of the Convention. A large proportion of the members of the Convention participated in the deliberations, and many additional names were added to the list of members.—Five County Medical Associations were, on application, constituted auxiliaries to the State Society.

The officers for the current year are

*President,*

Prof. R. D. MUSSEY.

*Vice Presidents,*

Dr. J. B. THOMPSON,

“ E. GASTON,

“ J. L. VATTIER,

“ W. W. RICKEY.

*Secretaries,*

Dr. R. HILLS,

Prof. F. CARTER.

*Treasurer.*

Dr. G. W. H. LANDON.

*Librarian,*

Prof. CARTER.

Prof. Kirtland, President of the Society for the past year, on retiring from the chair, read an excellent paper on the “Influence of the Diathesis or Epidemic Constitution over the character of Diseases.” to which further reference will be made in a future No. of the Journal. It will be published with the proceedings of the Society.

Committees on each of the following subjects, were appointed, with instructions to report at the next annual meeting—the Chairman of each committee having permission to select his associates.

*On the Medical Literature of Ohio.*

Dr. R. THOMPSON, Chairman.

*On Theory and Practice of Medicine in Ohio.*

Dr. G. W. BOERSTLER.

*On Surgery in Ohio.*

Prof. R. D. MUSSEY.

*On Materia Medica and Botany in Ohio.*

Dr. J. M. BIGELOW.

*On Midwifery in Ohio.*

Prof. F. CARTER.

A Committee, consisting of Dr. Davis, Profs. Kirtland and Mussey, to report at the next meeting statistics of calculous diseases with the character of the calculi.



A resolution was adopted requesting auxiliary societies to select, from the papers presented by their members, such as they deem best worthy of publication by the Society, and cause them to be presented at the session of 1850.

Six delegates were appointed to represent the Society in the next meeting of the National Medical Association.

The next meeting of the Society will be held on the first Tuesday of June, 1850.

The synopsis of the proceedings which we have given, will serve to show the objects, and the mode of attaining those objects, which the Society proposes to itself. We need not say how heartily they receive our approbation. The institution of a State Medical Society we regard as an important fact in the progress of Medical Science in Ohio. The appointment of committees whose business it shall be to report the various improvements and discoveries in the several departments of our profession is a measure of *special* importance. A great mass of valuable information will, in this manner, be brought to light which has hitherto lain hidden only for want of diligent and *systematic* investigation. The mode of publication, too, which the Society proposes to adopt will give a degree of permanence to their reports, which methods hitherto pursued have not secured.

The names of the gentlemen acting as chairmen of the respective committees is a sufficient guaranty that their duties will be faithfully performed, and, taking into consideration the extent of the field in which they are to labor—the imperfectly developed resources of our *Materia Medica*—the peculiarities of western disease, so little understood by our professional brethren in other portions of the Union, and the meagre reports in every branch of the profession, we may safely promise, as the result of their labors, a valuable addition to our present stock of medical knowledge.

We hope, ere long, to hear of such Societies in every State in the Union—bringing forward to cast into a common treasury, facts in reference to new forms of disease, the success of particular modes of treatment, new medicinal agents, &c. Such a plan of proceeding would throw a new light around the pathway of the American physician—not, perhaps, growing “brighter unto the *perfect* day,” but with new oil added to the “lamp of experience,” constituting a very respectable improvement upon the twilight through which we have been traveling.

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INDIANA STATE CONVENTION.—We learn that our brethren in Indiana, have held a Convention at Indianapolis, and taken measures for a permanent organization. We hope to receive a copy of their proceedings.

VERMONT MEDICAL COLLEGE. The annual catalogue of this institution shows the number of students in attendance during its late lecture term to have been 105. The number of graduates for the past year was 39.

*Ohio Deaf and Dumb Asylum.*—The twenty-second annual report of the Trustees and Superintendent of this Institution is before us. It shows the Institution to be in a highly prosperous condition. The number of pupils in attendance is 127, "being a small advance on last year." During the year 36 pupils have been admitted, and 15, having remained the full term, have left. Improvements have been made in the arrangements of the establishment and "the Asylum has never been so comfortably fitted up as at the present time." The selections from the compositions of the pupils, contained in the appendix, speak highly for the success of the mode of instruction adopted in the Institution.

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**CHOLERA.** The Epidemic has at length made its appearance in our city. The first unequivocal case occurred on the 21st of June, although for a month past irritability of the stomach and bowels, has been an unusually prominent symptom in almost all our diseases. It is worthy of note also that Intermittent Fever, usually so prevalent, at this season of the year has almost disappeared. Up to date (2nd July,) there have been, as appears by the reports of the Board of Health, within the city limits, fourteen fatal cases. What the whole number of cases may have been, we have no means of knowing, owing to the fact that a majority of the physicians have not reported. The first cases, and indeed a large majority of the *fatal* cases, occurred in a quarter of the city lying near the Scioto, and immediately across the street (Rich St.) from the spot where, as we are informed, the Epidemic of '33 first made its appearance. It is a quarter not remarkable for its cleanliness, but, independent of any *visible* cause of disease, a decidedly malarious influence seems to prevail there. We are informed by a physician well acquainted with that portion of the city, that he has found Intermittents occurring there to be characterized by an unusual degree of obstinacy—more so than in any other locality, and that he has readily succeeded in breaking up attacks of the disease after removal to another part of town, which had, while remaining there, resisted all his efforts.

The first five cases, all of which proved fatal on the 21st and 22nd, occurred in the same building—three deaths have since taken place in the house, another in the same square, and two others in the square adjoining. Of the remaining three cases, two *originated* in the same place. A majority of these persons had been indulging quite freely in a crude vegetable diet, and most of them had the premonitory diarrhœa, which was neglected. Four of the cases were Homœopathically treated. A number of cases have occurred in other portions of the city: but one proving fatal. In the State Prison, as we learn from the Board of Health, there have been nine cases, two of which died. The other State Institutions have, so far, been exempt, with the exception of one case at the Deaf and Dumb Asylum, now convalescent. Whatever the

strictest cleanliness and abstinence from vegetable diet will do towards warding off the disease from these Institutions, will be effected.

The weather for the greater part of the time since the appearance of the Epidemic has been excessively hot and sultry : the thermometer on many days standing as high as 92 in the shade.\* Slight showers of rain fell almost every day for a week succeeding the 21st. On Tuesday we had thunder, followed on Wednesday and succeeding days, by a decided abatement in the frequency and severity of the symptoms.

What the history of the disease here is to be, is yet of course, uncertain. We may escape with a slight visitation. We may be scourged as we have never been before. In either event the duty of the physician and citizen is plain.

The post of duty in this, as in all other instances, is the post of safety. There is safety no where else. The history of flight from Cholera has too often proven that "he that will save his life shall lose it." Our profession have never deserted their fellow-men in such an emergency, and it behooves every good citizen, by his example and assistance, to hold up the hands of the physician, in allaying excitement and ministering to the sufferings of the victims of the pestilence. His own safety, and his duty to humanity require him to be calm. The disease, when taken in the onset, has shown itself quite amenable to treatment, and in no place can medical aid be sooner obtained than here. Let us hear then of no more flights, but on the contrary let us

——— "be up and doing  
With a heart for every fate."

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\*Since the above was in type, we have learned some interesting facts in this connection, from J. Sullivant Esq. whom we have mentioned in a preceding article. Mr. S.'s observations were made upon two thermometers,—a dry, and a wet bulb, placed in the shade, and carefully guarded from any access of temperature from surrounding objects. The maximum which they have attained within his recollection has been 95. The 20th and 21st he found to be the hottest days we have had this summer—the thermometers ranging from 84 to 87. On exposure to the sun on Wednesday the mercury rose to 114 and, on covering the bulb with black, carded silk to prevent any reflection of the sun's rays, it reached 126. From Friday morning (22nd) to Sunday (1st inst.) both instruments stood at 82 without varying half a degree in the 24 hours, for the whole of that time—showing, in the wet bulb thermometer, no evaporation, and consequently a perfect saturation of the atmosphere with moisture. On this morning (2nd) there is a difference of 10 between the two instruments. The excessive moisture accounts for the very oppressive character of the atmosphere and explains the exaggerated notions entertained by many in reference to the degree of absolute heat.





## Starling Medical College.

THE annual course of Lectures will commence on the first Wednesday in November next, (Nov. 7, 1849,) and continue sixteen weeks.—The preliminary course will commence on the first Wednesday in October, during which month there will be three lectures daily.

In October the following subjects will be taught :

Minor Surgery	- - - - -	DR. HOWARD.
Insanity	- - - - -	DR. SMITH.
Poisons, illustrated by experiments upon the lower animals	- - - - -	DR. CARTER.
Microscopical Anatomy	- - - - -	DR. GAY.
Physical Diagnosis	- - - - -	DR. BUTTERFIELD.

This course is *free*, and it is hoped as many students as possible will avail themselves of its advantages.

### FACULTY.

Henry H. Childs, M. D. Prof. of Obstetrics and Diseases of Women and Children.

John Butterfield, M. D., Prof. of the Practice of Medicine.

Richard L. Howard, M. D., Prof. of Surgery.

Jesse P. Judkins, M. D., Prof. of General and Special Anatomy.

Samuel M. Smith, M. D., Prof. of Materia Medica, Therapeutics and Medical Jurisprudence.

Francis Carter, M. D., Prof. of Physiology and General Pathology.

Frederick Merrick, M. D., Prof. of Chemistry and Botany.

Norman Gay, M. D., Demonstrator of Anatomy.

### FEES.

Lectures, - - - -	\$56 00	Matriculation, - - - -	\$3 00
Graduation, - - - -	20 00	Dissecting Ticket, - - - -	5 00

Numerous cases and Surgical operations are brought before the Class. Ample facilities are afforded to those who wish to pursue Practical Anatomy. The means of Illustration in all the Departments are ample :—among these are two superior compound Microscopes.

Good Board may be obtained at from \$1,50 to 2,00 per week.

SAM'L M. SMITH.

*Dean of the Faculty.*

## MEDICAL COLLEGE OF OHIO.

### SESSION FOR 1849-50,

THE 30th Session of this Institution will open on the first Monday in November next, and continue four months under the following arrangement.

John Locke, M. D., Prof. of Chemistry and Pharmacy.

John P. Harrison, M. D., Prof. of Materia Medica and Therapeutics.

L. M. Lawson, M. D., Prof. of Physiology and General Pathology.

M. B. Wright, M. D., Prof. of Obstetrics and Diseases of Women and Children.

Daniel Drake, M. D., Prof. of Special Pathology and Practice of Medicine.

George W. Bayless, M. D., Prof. of Descriptive Anatomy.

R. D. Mussey, M. D., Prof. of Surgery.

John T. Shotwell, M. D., Prof. of Surgical Anatomy and joint Professor of Surgery.

John Davis, M. D., Demonstrator of Anatomy.

FEES.—For a full course of Lectures, \$104 ; Matriculation and Library

ticket, \$5 ; Dissecting ticket, 10 ; Graduation Fee, \$25 ; Hospital ticket, \$5.

☞ The anatomical rooms will be opened for dissections at an early period under the directions of the Demonstrator of Anatomy.

☞ Clinical Lectures will be delivered at the Commercial Hospital twice a week throughout the session, by the following Professors : Medicine, by Professors Drake and Harrison ; Surgery, by Professors Mussey and Shotwell.

Board, including light and fuel, can be obtained at from \$2 to \$3 per week.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M. D.

Cincinnati, June, 1849.

*Dean of the Faculty.*

## **Baltimore College of Dental Surgery.**

### **SESSION OF 1849-50**

THE Regular Course of Lectures, in this Institution, commences on the last Monday of November, and will continue four months.

The Mechanical and Dissecting rooms will be opened on the last Monday of October.

### **FACULTY.**

ELEAZAR PARMLEY, M. D., Provost.

Chapin A. Harris, A. M. M. D., Professor of Principles and Practice of Dental Surgery.

Thos. E. Bond Jr. A. M. M. D. Prof. Special Pathology and Therap.

W. R. Handy, M. D. Prof. Anatomy and Physiology.

Cyreneus C. Cone M. D. D. D. S. Prof. Operative and Mechanical Dentistry.

Philip H. Austin A. M. M. D. Demonstrator of Mechanical Dentistry, and Lecturer on Dental Chemistry.

The College contains the most ample provision for *practical instruction*—having two large and commodious rooms, with all the necessary appliances, as Mechanical Workshops. An *Infirmery*, supplied daily with patients, for students to operate on. A *Dissecting-Room*—A *Museum* containing thousands of teeth of every pathological variety—and two *Lecture Rooms*.

Tickets for the Course \$110. Dissecting Ticket (optional) \$10. Matriculation \$5. Diploma Fee \$30.

W. K. HANDY, *Dean.*

## **University of Pennsylvania.**

### **MEDICAL DEPARTMENT,**

### **SESSION OF 1849-50.**

THE Lectures will commence on Monday, the 1st day of October, and be continued under the following arrangement, to the end of March ensuing.

Theory and Practice of Medicine, by	Nathaniel Chapman, M. D.
Anatomy, - - - - -	William E. Horner, M. D.
Materia Medica and Pharmacy, -	George B. Wood, M. D.
Chemistry, - - - - -	James B. Rogers, M. D.
Surgery, - - - - -	William Gibson, M. D.
Obstetrics and the Disease of	
Women and Children, - - -	Hugh L. Hodge, M. D.
Institutes of Medicine, - - -	Samuel Jackson, M. D.

Clinical Instruction, twice a week, at the Pennsylvania Hospital, by the Physicians and Surgeons of the Institution.

Demonstrative Instruction in Medicine and Surgery, twice a-week,



by the Professors of the Medical Faculty, assisted by W. W. Gerhard, M. D., and Henry H. Smith, M. D.

The rooms for Practical Anatomy will be open from October 1st to the end of March ensuing. John Neill, M. D., Demonstrator.

Amount of Fees for Lectures in the University,	\$105
Matriculating Fee, (paid once only),	5
Hospital Fee,	10
Practical Anatomy,	10
Graduating Fee,	30

The Commencement will take place early in the following April.

W. E. HORNER, M. D.,

*Dean of the Medical Faculty.*

386 Chestnut Street, above Thirteenth, }  
opposite the U. S. Mint, Philadelphia. }

June 1st, 1849.—dec 1

## Philadelphia College of Medicine.

*Fifth Street South of Walnut.*

### WINTER COURSE.

THE regular Winter Course of Lectures will commence about the 18th of October, 1849, and continue until the last of February, 1850. A Preliminary Course will be given, commencing on Monday, the 1st of October, 1849. The Degrees will be conferred about the 5th of March, 1850.

### FACULTY.

James McClintock, M. D., General, Special and Surgical Anatomy.  
Henry Gibbons, M. D., Institutes of Medicine & Medical Jurisprudence.  
Alfred L. Kennedy, M. D., Medical Chemistry.  
Rush Van Dyke, M. D. Materia Medica and General Therapeutics.  
Thomas D. Mitchell, M. D., Theory and Practice of Medicine.  
Christopher C. Cox, M. D., Obstetrics and Diseases of Women and Children.  
James McClintock, M. D. Principles and Practice of Surgery.  
M. W. Dickeson, M. D. Comparative and Pathological Anatomy.  
Richard Burr, M. D., Prosecutor of Surgery.  
N. R. Mosely, M. D. Demonstrator of Anatomy.

Fee for the full Course,	\$84 00
Matriculation fee, only once paid,	5 00
Graduation,	30 00
Fee for those who have attended two full courses in other Colleges,	45 00
Dissecting Ticket, optional,	10 00
Perpetual Ticket,	150 00

The fee for the respective Tickets may be paid to each member of the Faculty, or the whole amount may be paid to the Dean, who will issue a certificate which will entitle the student to the ticket of each Professor.

Full Course candidates for graduation will be furnished with the Hospital Ticket without charge, in addition to which, Clinical instruction will be given at the College, from 12 to 2 o'clock, on Wednesdays and Saturdays.

↪ The Spring Course of Lectures will commence about 16th March, 1850. Degrees will be conferred about 16th Jvly, 1850.

For further information, inquire of

JAMES MCCLINTOCK, M. D., *Dean*,  
Philadelphia, June, 29, 1849. No. 1, North Eleventh Street.

# Jefferson Medical College.

SESSION OF 1849-50,

THE regular Course of Lectures will commence on Monday the 15th of October, and continue until the first day of March. The Annual Commencement for conferring degrees will be held *early in March*, instead of at the end of the month, as heretofore.

Robley Dunglison, M. D., Professor of Institutes of Medicine, &c.

Robert M. Huston, M. D. Prof. of Materia Medica and Gen. Therapeu.

Joseph Pancoast, M. D. Prof. of Gen., Descriptive and Surg. Anatomy.

John K. Mitchell, M. D., Prof. of Practice of Medicine.

Thomas D. Mutter, M. D. Prof. of Institutes and Practice of Surgery.

Charles D. Meigs, M. D., Professor of Obstetrics and Diseases of Women and Children.

Franklin Bache, M. D., Prof. of Chemistry.

Ellerslie Wallace, M. D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, about *fourteen hundred and fifty* cases were treated, and nearly *two hundred* operations performed. Amongst these were many major operations—as amputation of the thigh, leg, &c. lithotripsy, trephining, the operation for strangulated hernia, and tracheotomy.

The Lectures are so arranged as to permit the student to attend the Medical and Surgical practice and Lectures at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

## FEES.

Matriculation, which is paid only once, - - - - \$ 5

Each Professor, \$15, - - - - - 105

Graduation, - - - - - 30

The number of Students during the last Session was 477; and of Graduates 188.

R. M. HUSTON, M. D.

Philada., July, 1849.

Dean of the Faculty, No, 1 Girard st.

## INSTRUMENTS! INSTRUMENTS!!

### JOSEPH FENTON,

Respectfully informs the medical profession, that he has for sale at his store, No, 205, opposite the Mechanics Hall, High street, an assortment of surgical instruments, consisting of Amputating, Trephining, Obstetrical, Cupping, Eye, Pocket, Tonsil, and all other kinds in general use, and he is prepared to execute orders for all kinds, with neatness and despatch.

J. F., begs leave to refer those gentlemen, who have not already tested his work, to the following certificates:

This certifies, that Mr. Joseph Fenton, has been my instrument maker, during the past five years, and has, to my entire satisfaction, manufactured according to pattern, or drawings, many original devices of instruments, which required great skill and elegance of execution; and I have no hesitation in recommending his workmanship, to all who may stand in need of single instruments, or full cases.

Columbus, April 1st, 1848.

R. THOMPSON, Surgeon.

I have been in the habit of employing J. Fenton, of this city, to manufacture surgical instruments for me, for the last five years. His instruments are well made, and so far as I have used them, they have fully answered my expectation. I would cheerfully commend him, to the patronage of the Ohio medical profession.

Columbus, June 24th, 1848.

R. L. HOWARD.

# WM. WILLSHIRE RILEY,

**SURGICAL AND MECHANICAL DENTIST,**

Columbus Ohio. Agent for Alcock's Premium Teeth. For sale, Baker & Riley's Patent Forcep Key.

Office, High St., a few doors north of the Neil House.

January, 1849.

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## **S. CLARK, & CO.**

Ohio Drug Store, 139, High st., Columbus, keep constantly on hand, a large and complete stock of Drugs, Medicines and Chemicals, selected with great care, especially for physicians use; which they will sell on as favorable terms as they can be purchased west of the mountains. Also the largest and most complete assortment of Surgical and Dental Instruments' from the most celebrated manufacturers.

They invite the attention of Physicians and Surgeons to their extensive assortment, satisfied that they can offer inducements sufficient to secure their patronage. S. C. & Co., take great care in purchasing their Drugs and Medicines, to get such only as are perfectly pure and free from adulteration, and they can assure their customers that their stock is the most desirable one to select from in the west. Particular attention given in dispensing medicines and compounding Physician's prescriptions. Medicines delivered at all hours.

---

## **J. B. WHEATON,** **DRUGGIST,**

*Corner of High and Broad Streets, Columbus, O.,*

Keeps constantly on hand a large and well selected assortment of Drugs, Medicines and Chemicals, all of which will be warranted and sold low for cash, at wholesale or retail.











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